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Resource Book

Advanced Course for Federal Agency Compensation Specialists

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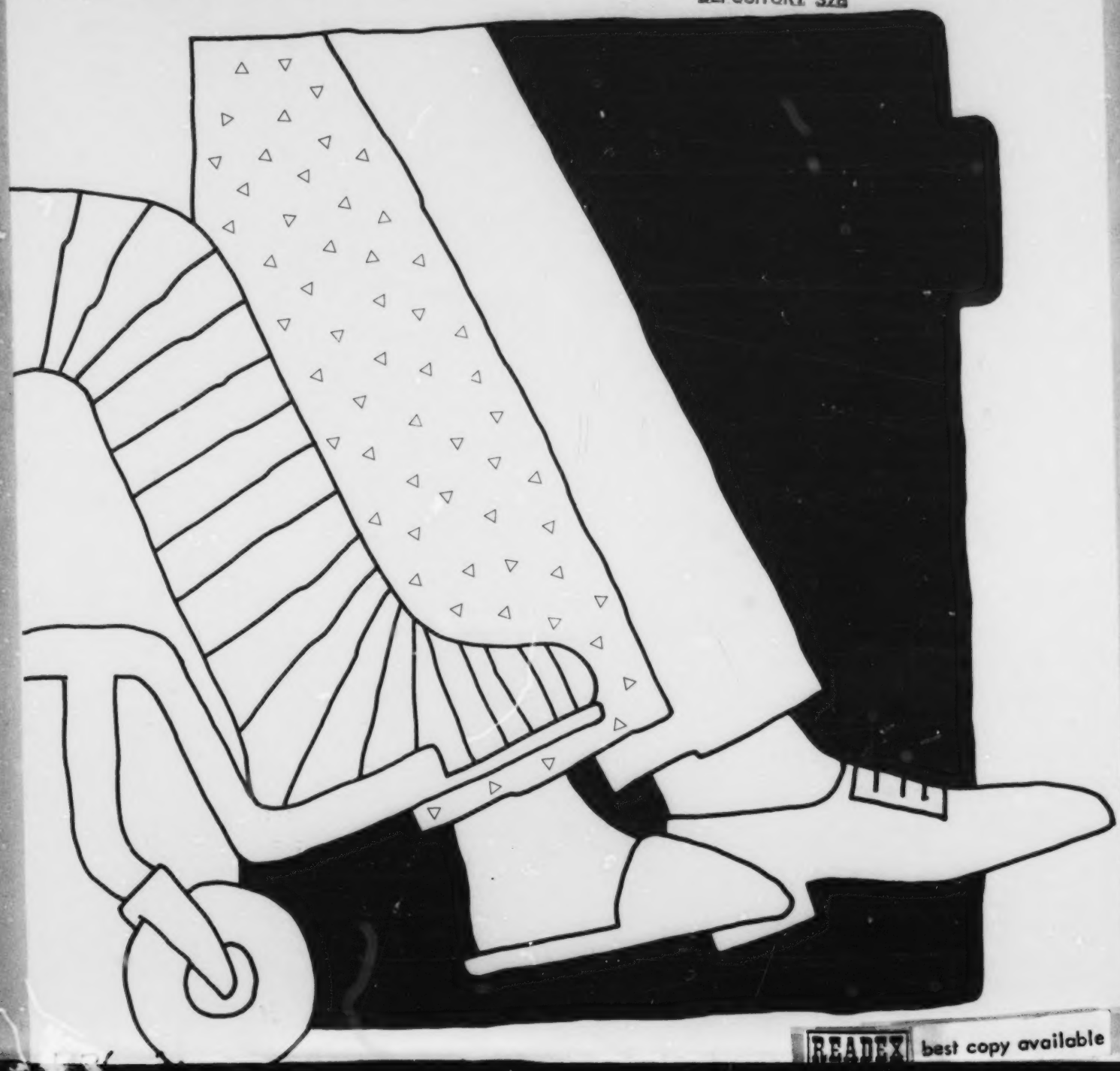

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Resource Book

Advanced Course for Federal Agency Compensation Specialists

U.S. Department of Labor
Employment Standards Administration
Federal Employees' Compensation Program
1986

BEGIN THE COURSE WITH THE TASK BOOK

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Resource Book

Advanced Course for Federal Agency Compensation Specialists

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We want to acknowledge all of these contributions to this training effort.

Lawrence W. Rogers
Director
Office of Workers' Compensation Programs

FECA Advanced Course for Agency Compensation Specialists Learning Objectives

At the completion of this course, the federal agency compensation specialist will be able to do the following:

1. Given a completed CA-1 form and an initial medical report, identify instances of missing information or problems to be resolved before submitting the claim to OWCP.

2. Given a completed CA-1 form and an initial medical report, decide whether to controvert the case and what documentation is necessary to support the controversion.

3. Given medical work limitations for an employee, identify, select or modify a job that meets those work limitations.

4. Given an OWCP chargeback list, review it and identify cases of questionable payments.

5. Given an OWCP chargeback list, review it and identify cases which need review for justification of continued disability.

6. Given a long-term case, identify any deficiencies in medical justification for continued disability and recommend the appropriate resolution (i.e., LWEC, termination of compensation, rehabilitation or job offer).

7. In reviewing a compensation case file, identify good candidates for rehabilitation or reemployment.

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Introduction to Course

This course is designed to help federal agency compensation specialists manage injury compensation cases more effectively.

This Resource Book does not contain official policy or procedure, nor is it designed to interpret FECA policies and procedures. Instead, it presents techniques that some experienced compensation specialists have found effective. Individual agency policies will influence somewhat the extent to which the rules of thumb are adopted.

The course covers the following areas:

1. Initial case review
2. Controversion
3. Third party
4. Light duty
5. Review of the chargeback list
6. Review of long-term cases
7. Rehabilitation
8. Relationships with supervisors, physicians, and OWCP

This course is intended for individuals who have already taken the basic three-day course for agency compensation specialists. Users are presumed to have several months experience in actually reviewing claims.

The course consists primarily of cases similar to those compensation specialists encounter on the job. It is thus a "hands on" practice session.

Role of the Compensation Specialist

As a compensation specialist you need to carefully review all compensation claims at two crucial points:

1. The initial filing of the claim, when your aim is to quickly resolve any problems of incomplete or inconsistent information about the claim. This is crucial to get the claimant to return to duty (regular or light) as soon as justified or to document controversion.

2. The time of reviewing long term cases (usually once a year), when the effects of the injury have often stabilized. At this point, yout need to evaluate the claimant's re-employability in either the previous or modified job. When the claimant cannot return to work, you may need to gather evidence for adjustment of benefits or termination of compensation.

Whether you are reviewing newly filed claims or reviewing long term cases, you will use the same kind of process:

1. In each situation, you will look for indicators of some type of problem.

2. Then, you will make inquiries to get the specific information you need.

3. After you have obtained the information, you will evaluate it and resolve the situation.

Claim Processing

INITIAL CLAIMS

When you review initial claims, you should ensure that all needed information is quickly supplied. Only complete information will enable you to make a preliminary decision on whether the claimant is entitled to Continuation of Pay (COP). You need to insure that the claimant has completed and filed the CA-1, that the supervisor has signed off on the CA-1 and submitted an accident report or statement, and that the physician has provided an adequate medical report, including temporary work restrictions.

For the necessary information to be quickly provided to the Compensation Office, your agency should have established a system to insure:

1. Immediate reporting of any work-related injury to the compensation unit and

2. Early provision and documentation of medical evidence.

1. Immediate reporting of injuries. Make certain that all compensable injuries are reported to the compensation office within 24 hours of the injury.

   In order to insure that this happens, instruct both employees and supervisors on how to report injuries immediately to the compensation office. In the absence of a compensation specialist, designate some responsible person to record injury reports at any time of the day. Several reporting methods are feasible:

   a. If there is an in-house medical unit such as a dispensary, infirmary, or health office, an effective procedure is to have the medical unit report the injury to the compensation office immediately after providing emergency treatment.

b. If there is no internal medical unit, have the injured person immediately report to the compensation office. If the compensation office is located too far away, have the person call the compensation office. If an injury prevents the employee from contacting the compensation office, instruct the supervisor to call the compensation office for the employee.

c. When the compensation office is not open, but other employees are on the premises, i.e., night shifts, weekends, etc., designate a specific supervisor to log in all injury reports for the compensation office.

2. Medical care and documentation. Once an injury is reported, it is critical to obtain adequate medical care and documentation quickly.

a. Assist the claimant in getting quick medical treatment and the medical report. To help the employee get medical care and insure that the medical reports are adequate and timely:

1) Assist the employee in choosing a doctor. The employee has a right to initially select his/her own physician. Often, however, employees do not have a family physician or know who to call. To help such employees, the compensation office should develop a list of doctors and medical specialists who handle workers' compensation cases, provide good care, and complete medical reports.

2) Make the doctor's appointment for the employee. When a workers' compensation office calls a medical practice, the receptionist will frequently schedule an appointment sooner than when the claimant calls. If the doctor cannot see the employee by the next day, have the employee select another doctor. When making the appointment, tell the doctor's office that you are sending along:

- The forms to insure payment of the doctor's medical bill

- Instructions for completing the medical report (required for payment of medical bills).

3) Give the claimant instructions on reporting his/her medical status. Instruct the employee to call the compensation office after seeing the doctor to report:

a. The doctor's diagnosis
b. When he/she is able to return to work
c. Any work restrictions imposed

4) Check with the claimant or the doctor for the claimant's duty status if the claimant does not report it. If the claimant does not call the compensation office within three or four hours after the scheduled doctor's appointment, call the claimant at home to find out his/her duty status. If you are unable to reach the claimant, call the doctor's office to get the diagnosis, duty status, and any work restrictions.

b. Instruct the supervisor on his/her responsibilities.

1) After the employee has completed his/her portion of the CA-1, the supervisor should review it and sign the form, if he/she agrees that the injury occurred as stated by the employee.

2) If the supervisor disputes or doubts the claimant's account of the injury, he/she should explain the disagreement on the claim form.

3) If the supervisor has any questions, he/she should contact you for assistance.

c. Medical Report. Get a complete medical report for the claimant as quickly as possible. You need the medical report to determine when the employee can return to work--either to the regular job or to limited duty. You have a better chance of quickly getting the kind of medical information you need by providing the physician with the instructions and proper forms for payment.

1) Issue OWCP form CA-16 with instructions to the doctor and AMA medical payment form to doctor. Give the claimant the CA-16, instructions, and the AMA medical payment form (HCFA-1500) to take to the doctor. Tell the claimant that these forms authorize payment of the doctor's medical bill.

2) Stamp LIGHT DUTY across the top of the CA-17 before issuing it to the doctor. This reminds the doctor to tell you whether the employee's regular job duties must be limited. Some position descriptions clearly describe the functional and environmental conditions of the job. If you have such a job description, enclose it. If the position description does not fully describe the duties and environmental conditions, send the doctor additional information describing these factors.

NOW YOU ARE READY TO BEGIN MODULE I. GO BACK TO THE TASK BOOK.

Claims Review

Once an injury is reported, initially review the claim to determine whether:

- To controvert it or not,
- There is third party liability and
- It is a traumatic injury correctly filed on the CA-1, or whether it is an occupational disease which should be filed on a CA-2.

To make these decisions:

1. Examine the claim form (CA-1)
2. Investigate any discrepancies, omissions, or other problems,
3. Review the initial medical report.

Collect all the basic information bearing on the claim and submit it to OWCP as a package. This usually includes:

- CA-1 or CA-2,
- Medical reports,
- Any supplementary documentation that relates to:
  - circumstances surrounding the injury
  - current medical status, especially work limitations.

Without this information, the Federal Employees Compensation Act (FECA) claims examiner cannot make an adjudication and will need to spend additional weeks developing evidence. However, if investigating facts or getting an acceptable medical report will take more time, forward the claim and documentation to OWCP and inform them that other evidence is forthcoming.

1. EXAMINE THE CLAIM FORM (CA-1)

Review the CA-1 for omissions, discrepancies, or problems. The most commonly encountered problems include the following:

a. Conflict between the claimant's and the supervisor's account of how the injury occurred. For example, the claimant states that he/she fell from a construction scaffold, but the supervisor says the employee was actually working below ground the entire day.

b. Conflict between claimant's and witness's account of how the injury occurred. For example, the claimant states that he/she tripped over an extension cord and fell and injured the knee, but the witness states that the employee came to work limping that day and complained about the sore knee prior to the time he/she claimed to be injured.

c. Time of injury conflicts with the employee's scheduled time to work. For example, the date and hour of injury might be on a Wednesday p.m., but Wednesday is the employee's regularly scheduled day off.

d. Injury or disease not reported on the right form. For example, the claimant might report an occupational disease or injury on a CA-1 instead of on a CA-2.

e. Time or place of the injury is inconsistent with the employee's responsibilities. For example, the claimant states that he/she was driving on a certain road at midnight while delivering materials to one of the agency's satellite centers, but you know that deliveries are not usually made at midnight.

f. Description of the way the accident occurred seems implausible. Your knowledge of the working conditions and equipment is often critical to make this judgment. For example, an employee states that he bumped his head on a piece of equipment. But you know that the piece of equipment is 11 feet high and it would be impossible for someone to bump his head on it.

g. Description of the way the injury occurred is so incomplete that you cannot tell exactly how the accident happened. For example, the claimant states only that he "fell and hurt his back".

h. The accident or incident reported would not plausibly result in the injury sustained. For example, the claimant states that he stubbed his toe and that it resulted in a broken leg.

If you discover such contradictions or have other questions while reviewing the CA-1, investigate to obtain complete information to resolve the conflict.

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2. INVESTIGATE TO RESOLVE CONFLICTS/OMISSIONS

a. Interview the claimant. Always interview the claimant when any statement on the CA-1 is incomplete or raises questions. This also applies even if the claimant's supervisor or a witness made the statement that conflicts or raises questions.

When you interview the claimant, write down the claimant's answers to your questions, and then ask the claimant to review, correct and sign the statement. This will give you a detailed written statement that serves as good documentation for the case.

Interviewing the claimant is preferable to asking for a written statement, since you can probe and ask clarifying questions whenever the claimant's statements are not clear or complete. However, if it is not possible to interview the claimant, then write out the questions for the claimant and have the claimant write answers to the questions and sign the statement.

In getting a statement from the claimant, collect all the information that the Labor Department's Office of Workers' Compensation (OWCP) will need. If OWCP receives insufficient information, a claims examiner will send the claimant a form containing the following questions about how the injury occurred:

1) Give the names of any persons who witnessed your injury or had immediate knowledge of it.

2) State the immediate effects of the injury and what you did immediately thereafter.

3) Was any other injury sustained, either on or off duty, between the date of injury and the date it was first reported to (a) your supervisor and (b) to a doctor? If so, describe:

5) (If delay in seeking treatment) State the exact reason why you delayed seeking medical attention; also give the name and address of the doctor you first consulted and the date you were first examined for this injury:

6) Describe (a) your condition between the date of injury and the date you first received medical attention, and (b) the nature and frequency of any home treatment:

7) Did you have any similar disability or symptoms before the injury? If so, describe the prior condition. Give the names and addresses of the physicians who treated you and the approximate dates you were treated:

8) Did you ever file a claim for workers' compensation benefits from any source? If so, give the date and nature of the injury, the name and address of the office where the claim was filed, and describe the benefits (if any) which you received.

In using the list above, ask those questions which are most appropriate for the specific injury you are dealing with. The particular circumstances of an injury might cause you to ask other pertinent questions. If there appears to be a problem with a case, make sure you get all of the necessary information. For example you might want to know:

- What was the exact time and place where the injury occurred?
- If you fell, exactly where on the ground did you land?
- What part of your body did you hit?
- Did you feel any sharp pain at the time?
- Did the pain get steadily worse?
- How did the pain interfere with your work?
- If a piece of equipment was involved, describe what it looks like.
- If you fell onto or into an object, describe this object.

The claimant's statement may clarify in your mind all questions regarding how the injury occurred. If you still have questions, however, gather additional data. The following are possible sources for investigation:

b. <u>Check the employee's official personnel file</u>. Consult the file for:

1) Information showing whether the claimant has had eariler injuries of the same kind.

2) Pre-employment physical results to see if the claimant has any pre-existing medical condition.

3) Information on the employee's work schedule.

4) A job description.

c. Interview supervisor and witnesses. If the supervisor's statement on the CA-1 is unclear, interview the supervisor. Also interview any witnesses to the injury. Ask for a complete description of how the injury occurred and circumstances surrounding the injury. Get signed statements.

NOTE: The value of a witness's statement depends on what he/she actually saw or heard at the time of injury. If a "witness" states that he did not see the injury, even though he was in the area at the time, it is not usually considered strong evidence against the claim.

d. Indicators of problem claims. While investigating a claim, you may discover clues to a possible problem. Although these indicators do not constitute evidence against the claim, they may call for further investigation. Some of the more commonly encountered indicators are:

1) The employee had previously requested leave for a specific day and was refused leave. The injury occurred on that particular day.

2) The employee has an outside job. This could mean that the employee injured himself on the other job for which comparable workers' compensation benefits are not available, or it could mean that the employee wanted time off from the main job to work the second job.

3) The employee reported the injury right after reporting to duty. This could mean that the injury occurred over the weekend, or during the prior evening, perhaps in a sport or other activity where injuries are not uncommon.

4) The employee has a pre-existing medical condition. The employee may be trying to get compensation benefits for a condition that is not work related.

5) The employee complained of some type of pain or ache. This could be a clue to a pre-existing injury or condition.

6) The employee has a drug or alcohol problem and might have been under its influence at the time of injury.

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3. REVIEW THE MEDICAL REPORT

Obtain the medical report as quickly as possible. One way to do this, if the doctor is willing, is to have the employee bring the medical report and the other forms back to you immediately after the initial treatment. However, some doctors will not give these items to the employee, and will insist on mailing them to the compensation office. If this occurs, call the doctor after the claimant's initial visit and get the medical status of the claimant and any work restrictions.

When you get the medical report, make sure it contains the information that OWCP requires. If any of the following is missing, try to get clarification from the physician.

1. Dates of examination and treatment.

2. History of how the injury occurred as the employee described it to the physician.

3. Detailed description of findings. This includes results of medical tests and measurements conducted during the physical examination.

4. Results of any X-ray or laboratory tests.

5. Diagnosis. This should describe the condition or disease, not simply the symptoms. For example, symptoms might be swelling, tenderness, or pain. The diagnosis would be back sprain. The diagnosis for the injury being treated should indicate absence of pre-existing condition. Sometimes a doctor will indicate "as by history". You need to contact the doctor to see what this means. Does it mean "pre-existing condition"?

6. The clinical course of treatment followed. Treatments should be limited to the injury claimed. The report should state what treatment is being administered for the work-related injury. Any other condition being treated should be clearly indicated.

7. In cases where cause and effect are not readily apparent, reasoned medical opinion that the medical condition is in fact caused by a job-related injury.

8. Clear prognosis for resumption of regular duties. The report should estimate how long the employee might be disabled.

9. Clearly stated work limitations. The medical report should specifically state those functions that the employee cannot do, such as stand on leg, raise arm, lift heavy weights, etc.

10. Period of disability consistent with diagnosis. For example, if the claimant reported spraining his wrist, but the medical report calls for two weeks of complete bed rest, immediately call the doctor to determine the reason for the long bed rest and make sure it is related to the wrist sprain.

If information about any of the areas above is inadequate or conflicting, immediately call the doctor to get the missing data or clarification.

If the doctor's explanation does not clear up the question, send all the documentation to OWCP and recommend getting a second opinion. You should also document the case for possible controversion and send the documentation to OWCP.

OCCUPATIONAL DISEASE CLAIMS

When a claimant files for an occupational disease/injury, do the following:

1. Help the claimant properly complete the CA-2 form by following all the instructions on the form.

2. Investigate the work environment. Send a letter and a copy of the claim to the employee's work location to get information on the work environment. Identify the specific stressors or exposures to the extent you can: was the claimant exposed to fumes or chemicals? what kind of workload did the employee have? did the employee have a kind of stress that is different from other normal stress, or did the employee have more cases or a heavier workload than other staff? If exposure to injurious substances is the issue, send a copy of the CA-2 to the safety department to get results of any tests measuring conditions prevalent at the time the employee is claiming exposure.

3. Get comments from the official superior on the accuracy of the employee's statement.

4. Investigate to determine if the claimant's medical condition was caused by factors other than work-related conditions: was the claimant a chain smoker? did factors outside the work environment contribute to the condition? was there a history of lost time from this condition? is the condition due to something encountered in previous employment?

5. Advise claimant/family that adjudicated occupational disease claims are usually slower than traumatic injury claims because more support data is generally required.

NOTE: See the appendix for checklists that OWCP uses to gather data for occupational disease claims.

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Case Review Process

In reviewing both initial claims and periodic roll cases, you may find it useful to follow these steps:

Step 1. Recognize indicators of problems in a case. In reviewing any case, notice omissions, conflicts or other signs of potential problems. These indicators will frequently point to particular issues or problems, much as certain symptoms indicate specific diseases.

Step 2. Formulate an inquiry. Once you see clues to a potential problem, formulate the specific questions you must answer to clarify the problem or issue. Then:

a. Identify sources of the information and

b. Get answers to your specific questions.

Step 3. Evaluate the new information. Next evaluate the responses received to ensure that they fully answer your specific questions, thus enabling you to settle the issue one way or the other. If an initial response is not specific enough, you may have to re-contact your source.

Step 4. Resolve the issue. After you evaluate the new information, take appropriate action. This may be anything from forwarding all the information to OWCP to assigning the claimant to another job that accommodates the work limitations.

As noted earlier, you can use these four steps whenever you review both initial and long term cases. The following chart shows how to apply the steps to problems compensation specialists frequently encounter during initial case review. This chart lists six common indicators, and suggests appropriate steps for Inquiry, Evaluation and Resolution.

Read the chart from top to bottom. For example, the first indicator is "Medical report does not support job-related injury". As you read down the chart, you see that you need to QUERY if the diagnosis matches the claim and if there is evidence of the injury being job related.

To answer these questions, you would check the medical report to see if the doctor's medical diagnosis agrees with the injury being described by the claimant. You would also look at the medical report to see if the doctor relates the injury to the incident that occurred while the employee was in performance of duty.

After you get responses to your queries, evaluate the information. In this case, your EVALUATION is that the injury was job related, was diagnosed and the claimant was treated by the doctor. You are now ready to RESOLVE the situation by forwarding the claim to OWCP. If there had been a conflict, however, your RESOLUTION would have been either to request a fitness for duty exam or request a second opinion from OWCP.

Read down the chart for the other five indicators in the same way.

INITIAL CASE REVIEW
Problem Situations

	1	2	3
INDICATOR	Medical report does not support job-related injury	Medical report fails to establish extent of disability	Description of injury submitted by claimant is incomplete
QUERY	Does diagnosis match claim? Is there evidence of job-relatedness?	What are specific work limitations? Are these work limitations a result of the job-related injury?	Interview claimant for circumstances and detailed description
EVALUATION	If job-related injury diagnosed and treated*	If specified work limits are consistent with job injury*	Reconcile inconsistencies if possible
RESOLUTION	Forward to OWCP	Place claimant on limited duty	Forward or controvert as appropriate

*If there is conflict, request a fitness for duty exam or request a second opinion from OWCP.

INITIAL CASE REVIEW
Problem Situations
continued

	4	5	6
INDICATOR	Conflict between witness statement and claimant's description of injury	Third party involved	Type of injury claimed on CA-1 is probably occupational disease
QUERY	Interview claimant and get signed statement from supervisor or witness	Identify third party; document possible negligence	Is condition result of exposure to work conditions over more than one day?
EVALUATION	If conflicts remain unresolved, document	Determine liability and lien	If cause is environmental, classify as occupational disease
RESOLUTION	Controvert COP	Notify claimant and OWCP	Have claimant refile as occupational disease; if claimant refuses, controvert and terminate COP

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Controversion

If your preliminary review of the CA-1, witness statements, or medical report suggests that the claim is unjustified, the agency may controvert the entire claim or any portion of the claim.

Controversion of a claim* is the agency's opportunity to notify OWCP that it disagrees with the claim being filed. If a claim appears to be unjustified, only the agency can clarify the circumstances effectively and immediately. By the time OWCP gets the claim and begins development, the claimant, witnesses and supervisor may forget or incorrectly remember the circumstances of the injury.

In investigating the circumstances for possible controversion, document the evidence as thoroughly as possible. Get signed statements from the claimant, the supervisor, and witnesses, as well as relevant time and attendance records. In controversion cases, OWCP will consider only objective evidence. A supervisor's or specialist's opinion--no matter how strong--does not carry any weight in upholding a controversion.

Special circumstances in which controversions will not be upheld. Some supervisors do not know about special circumstances in which employees are covered by FECA and they may wish to controvert claims that fall into these categories. Such controversions will not be upheld, and it is a waste of time to prepare a controversion package. Notify the supervisors of these cases when they occur. Below are listed common cases that cannot be controverted:

1. An employee required to use his/her own car at work, is injured while driving to work or returning home.

   EXAMPLE: A rural mail carrier uses his own car for mail delivery and drives this car back and forth to the Post Office. If the person were injured while using his own car on the way to work, the case could not be controverted.

   However, if the mail carrier deviated from the regularly scheduled route or drove to a destination unrelated to his performance of duty, controversion may be appropriate.

* In this text, the term controversion is used to include any disagreement with the validity of the claim. However, OWCP limits the term controversion to mean controversion of COP.

2. An employee is injured during horseplay. Horseplay among employees is often covered, especially kinds that could reasonably be expected among a group of workers thrown into close personal contact over extended periods of time.

   EXAMPLE: An employee is injured in a snowball fight with other employees en route from the clocking-in point to the work site. He would be covered.

   However, if an employee shoved and injured another employee in response to a question of money owed to him, he would not be covered. This kind of situation is not considered horseplay because the argument arose from a personal situation.

3. An employee is injured during an agency sponsored recreational activity.

   EXAMPLE: An employee is sent to an agency conference. On the third day of the conference, the agency holds a picnic. An employee sustains a leg injury in a softball game during the picnic. This is covered.

   However, an employee injured in a sports activity sponsored by a volunteer employee's association (the funds for the association do not come from the agency's budget) would not be compensated.

4. An employee is injured on the premises while entering or leaving the tour of duty. FECA covers such injuries as long as employees are engaged in normal activity. (The length of time covered before or after the scheduled tour varies according to the general practice of the agency. It generally varies from 2 minutes to 2 hours, and normally does not exceed 2 hours.)

   EXAMPLE: An employee slips on icy steps and sustains an injury as he enters the building where he works en route to his duty station. He is covered.

   However, an employee on his way to work parks his car in a private parking lot. Upon leaving his car he slips and injures his leg. Controversion would be appropriate because the injury occurred on private property, not on government owned, leased or rented property.

5. An employee in travel status is injured during nonwork hours. Employees on travel are covered 24 hours a day as long as they are within close proximity of their business itinerary and are engaged in reasonable activity. (Some compensation specialists use the general metropolitan area as a rule of thumb to define "close proximity".)

   EXAMPLE: An employee on travel status finishes a meeting, returns to the hotel and hurts his knee while playing basketball with co-workers. Controversion is not appropriate.

   However, an employee on a 30-day assignment to another state travels 150 miles to visit his mother during the weekend. En route he is severely injured in a car accident. Controversion is appropriate in this instance because the employee was not engaged in normal activity in the locality indicated by his travel orders.

6. An employee is hurt during lunch hour on premises.

   EXAMPLE: An employee eats lunch in the government operated cafeteria in the building in which he works, slips on the floor and sustains an injury. He is covered.

   However, FECA will not compensate an employee who leaves his work site at lunch to go to McDonald's, falls while getting out of his car, and sustains an injury.

7. An employee suffers an ideopathic fall (fainting is the most common) from a personal, non-occupational condition such as a seizure disorder like epilepsy and is injured by an intervening object such as a corner of a table or desk. The employee is covered for those injuries resulting from the fall--not for injuries resulting from the employee's personal condition. However injuries resulting the employee's hitting the floor are not covered.

   EXAMPLE: An employee faints from having a seizure. While falling she strikes her head against a chair and suffers a concussion. Those injuries to the head are covered by FECA.

But suppose an employee has a seizure and falls to the floor. When her head hits the floor she sustains a concussion. This injury would not be compensable because there was no intervening object.

8. An employee suffers an unexplained fall during performance of duty, and the fall cannot be shown to have been caused by an ideopathic condition. No medical evidence indicates that an internal condition caused the fall, and no factual evidence shows that an external object or condition prompted the fall. FECA covers such unexplained falls.

   EXAMPLE: An employee falls and hits his head. It is not known why the claimant fell (whether he fainted, whether he lost his balance for some reason, etc.) Any injuries would be covered.

9. An employee is injured during an assault related to the employment, <u>not</u> to a situation in employee's the personal life.

   EXAMPLE: Two employees fight over equipment at the work site and one strikes the other, causing an injury. The injured person is covered because the fight arose out of employment factors.

   However, suppose an employee loaned money to a co-worker. When the lender demands repayment, a fist fight starts and the employee sustains a broken jaw. This is not compensable because the argument arose over a personal matter.

   If the supervisor states on the CA-1 that the fight was over a work-related incident, accept that and do not interview the claimant.

10. An intoxicated employee is injured but intoxication is not shown to be the direct cause of the injury.

    EXAMPLE: An employee working on a machine is drunk. Both the safety switch and the machine malfunction, injuring the employee. Even though intoxication is an issue, the injury resulted directly from the malfunctioning of equipment, not the intoxication. He is covered.

However, an intoxicated employee who passes out, falls to the floor, and injures his head would not be covered if the passing out can be medically proved to be related to the intoxication.

11. A job related injury aggravates an employee's pre-existing condition.

    EXAMPLE: An employee bends over to pick up a hammer, feels immediate pain in his lower back, and seeks medical attention. Medical examination reveals that he has degenerative disc disease which was aggravated by his bending over to pick up the hammer. The condition resulting from the injury is compensable.

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TYPES OF CONTROVERSION

There are two types of controversion:

1. Controversion with termination of pay
2. Controversion with continuance of pay

1. Controversion with termination of pay. The most frequent bases on which an agency can controvert and terminate pay (COP) are:

   a. The injury was not reported on an approved form within 30 days following the injury. If a claimant argues that he filed a claim and it was lost, he should be able to produce the receipt documenting this. (The receipt is included on the instruction page attached to the CA-1 form.) Contact the supervisor and verify the date the claim forms were first submitted. Next contact the claimant to ask for his receipt or for an explanation of why he failed to file within 30 days.

   b. The injury results from an occupational disease. Some employees attempt to describe occupational diseases as traumatic injuries in order to get COP, which is not provided in occupational disease cases.

      If the symptoms appear suddenly, an occupational disease may be mistaken for a traumatic injury. However, the distinction between an occupational disease and a traumatic injury does not depend on the suddenness of the symptoms' appearance, but on their cause. If the symptoms were caused by an environmental condition present over a period of time, the injury is classified as an occupational disease, regardless of how quickly the symptoms appear.

c. The injury occurred off the employing agency's premises and the employee was not involved in official "off premises" duties.

An employee may file for a recurrence of disability from a previous job-related injury when disability results from a new, off-duty injury to the same part of the body. This is not a recurrence. A recurrence is an additional time loss due to the original injury in the absence of any intervening injury.

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2. Controversion with continuance of pay - Claims can be controverted for reasons other than those listed above, but the agency cannot terminate pay. To determine whether COP can be terminated, the compensation specialist must be clear about the grounds on which a claim is being controverted--that is, the basic reason the claim is not good.

GROUNDS FOR CONTROVERTING A CLAIM

Most controverted claims fall into one of two categories:

1. Fact of injury is not established - medical evidence does not show that the employee actually sustained a personal injury while in the performance of duty.

2. Causal relationship is not established - the claimant's medical inability to perform regular duties was not caused by a work-related injury.

1. Fact of Injury is not established. Cases are most often controverted because:

Claims documents show differing accounts of the injury. Often, the claimant's account of the injury conflicts in some important way with the signed statement of the supervisor or of witnesses. Or the account given by the claimant on the CA-1 conflicts with the account reported by the doctor on the medical report.

EXAMPLE:

Employee claims on the CA-1 that he was injured while working on the flight deck of the Eisenhower. The supervisor's statement shows that the employee was not assigned to work on the Eisenhower on the date of injury. In fact, he was assigned to the America. You ask for witnesses' statements and find that no one saw the employee on the Eisenhower that day. Then you find witnesses who saw the employee on the America that day.

You would write OWCP, pointing out the discrepancies. The letter might read as follows:

> "We are controverting the subject claim based on the disparities between the supervisor's statement and the CA-1 submitted by the employee. You will note that the supervisor stated that he was not assigned to work on the Eisenhower that day. The employee, likewise, can find no witnesses who saw him on the Eisenhower that day. There are, however, witnesses who saw him on the America that day. Please advise."

ANOTHER EXAMPLE:

The claimant states on the CA-1, "I tripped over a 2 X 4 and almost fell, twisting my right knee." Claimant reported that a co-worker witnessed the injury. However, the witness statement says "I didn't actually see him trip, but he told me he had tripped over a 2 X 4." The physician's report stated, "Patient states he tripped and fell at work, injuring his knee."

You would clarify this discrepancy before controverting. Because the witness says he didn't see the incident, you cannot use the witness' statement. Contact the claimant to find out which knee. Also clarify the discrepancy between "fell" and "almost fell". Call the doctor to see which knee he treated. Then send the information to OWCP.

2. Causal Relationship is not Established. Common types of cases that are controverted because of this shortcoming include the following:

a. The medical report does not present objective findings to support a disability that prevents work. In this case, first attempt to get clarification from the treating physician. You may controvert the claim due to lack of evidence that the claimant is unable to perform his regular duties

EXAMPLE:

Claimant sustained low back strain 2/1/84, saw the agency physician, and returned to light duty. The claimant did not come in to work 2/3 or 2/4. His supervisor advised him that he must provide medical evidence of disability within a specific period of time (typically one pay period). As of 2/18, the claimant had not yet returned to work and no medical reports had been received.

You would controvert the CA-1 and state:

"No medical evidence has been received to support disability for work."

b. Pre-existing condition. These are cases where the claimant's disability is apparently due to a pre-existing condition and not to an injury on the job.

Evidence for a pre-existing condition may be found in:

1) Agency medical records. A pre-employment physical and/or dispensary records may indicate the pre-existing condition.

2) Witness statements. The supervisor or other employees may be aware of a pre-existing condition, perhaps because they heard the claimant previously complain of a condition which is now attributed to an injury on the job. The supervisor or other employees may know that the claimant has been undergoing treatment for the same condition.

There may be a job accident, but it may be a minor injury and there is no evidence that the claimant's condition for which he is claiming compensation is worse after the accident than before.

There may be an aggravation to a pre-existing condition, but this is normally temporary. That is, after a reasonable period of recovery from an injury, one would expect that the remaining disability is attributable to the pre-existing condition only. (This is sometimes difficult to establish.)

If there is evidence of a pre-existing condition, the doctor must address it directly, so that the job-related condition is clearly delineated from the pre-existing condition. Get medical evidence that clearly establishes this distinction.

c. Personal condition. This is similar to a pre-existing condition. A claimant sustains some job related disability for which he or she is receiving compensation, and then acquires another unrelated disorder which increases or prolongs disability. The claimant may claim compensation for this "personal condition". It may be difficult to distinguish what part of the claimant's disability is due to the job related injury and what part is not.

Get medical evidence that clearly differentiates the job-related injury from the personal condition. Controvert any disability which is not adequately justified as job-related with objective medical evidence.

EXAMPLE:

An employee broke his leg on the job. The broken leg healed sufficiently for the claimant to return to light duty. Before returning to work, however, the claimant suffered a heart attack that prevented him from returning to light duty. The heart problem is the "personal condition".

d. "Retroactive" medical coverage. You may sometimes receive claims reporting the following conditions:

1) The claimant suffered an injury of a kind that normally requires immediate medical attention.

2) The injury was not reported at the time of the alleged occurrence.

3) The claimant made no attempt to seek medical attention until a week or so after the alleged work-related injury.

4) The doctor's report accepts the claimant's statement that the injury occurred earlier on-the-job and reports that the claimant has been unable to work since the injury took place.

This may not be sufficient medical evidence for disability the first week or so of the injury. The doctor can testify to disability only for the period after he has examined the patient. Barring unusual circumstances, controvert this type of claim for the uncovered time. You may assume that a claimant who was injured seriously enough for total disability would seek immediate medical treatment, perhaps in an emergency room.

EXAMPLE:
An employee reported that he sustained a severe muscle strain on December 27th. He was off work for two weeks. There was no report of an injury on the job at that time. The claimant saw a doctor on January 3rd and then claimed disability for the previous week. The doctor's report states that the employee says he injured himself while at work, and says that the employee was unable to work for the preceding week.

You would write OWCP and advise that you are controverting the claim for COP from December 27 through January 2 on the basis that the physician cannot determine disability.

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PREPARING A CONTROVERSION PACKAGE

When controverting a claim, you must prepare a controversion package containing all the facts in the case and forward it to OWCP. This package should include:

1. Corrections/completions made to the CA-1 form
2. Cover letter to OWCP
3. Documentation

1. Corrections/completions made to the CA-1 form. If the agency is controverting the claim and terminating COP, return the CA-1 to the supervisor and have him/her correct the following items on the CA-1:

   a. Item 30 (If Pay Has Been Terminated, Give Date)
      - enter the date COP is terminated

   b. Item 31 (45 Day Period Begins)
      - change to N/A

   c. Item 42 (Does the Employing Agency Controvert Continuation of Pay?)
      - change from NO to YES (if necessary) and state the basis of controversion.

2. Cover letter to OWCP. Prepare a letter to the Deputy Commissioner of OWCP from the agency or installation head. The contents may be:

   a. First paragraph:
      - state that you are controverting
      - state the grounds of the controversion
      - state whether you are continuing or terminating pay

   b. Second paragraph:
      - summarize the facts of the case referencing documentation enclosed

   c. Third paragraph:
      - make a concluding statement

3. Documentation. Include all documentation available to support the controversion. At a minimum, this should include:

   a. A written statement by the claimant describing exactly how the injury occurred

   b. The medical report

It may also include:

a. A signed statement of the supervisor

b. Direct testimony of witnesses

c. All pictures of equipment involved in the injury

d. Diagrams of the accident site showing buildings, parking lots, distances involved, etc.

e. Applicable time keeping records

A copy of the controversion package should be given to the supervisor. The supervisor should inform the employee that the claim is being controverted and explain fully the basis for the controversion. In some agencies, the compensation specialist meets with the employee and the supervisor together and discusses the decision with them.

NOTE: Gathering the evidence you need to controvert a claim may take time. You may receive the CA-1, a medical report, and a statement from the claimant that indicate a problem. However, documentation at that point may be insufficient to controvert the claim. In order not to hold up the claim, forward the documentation to OWCP and state that the "claim is not in posture for controversion" at this time. Instead of waiting for OWCP to write back for more information, continue to gather evidence, such as:

a. Writing back to the treating physician to ask for clarification of any points in the medical report that are not clear.

b. Going to the accident site and taking pictures (if appropriate).

c. Re-interviewing the claimant to clarify any questions.

In proceeding this way, you will tap the memories of those involved while the information is still fresh in their minds. Notify OWCP of each step you take to gather information. When you write to anyone for new evidence, send copies of the correspondence to OWCP. When the new evidence comes in, immediately forward it to OWCP.

TIMEKEEPING AND PAYROLL ACTIONS:

Depending on OWCP's decision on the controversion, the agency may need to take timekeeping or payroll actions:

1. **If the employee was not paid and the controversion is not upheld, pay the employee COP**

2. **If the employee was paid and the controversion is upheld,**

   a. **Deduct from payroll the amount the employee owes for COP. EXAMPLE: One agency may have a policy of not exceeding $30 per pay period.**

   b. **Change COP to sick or annual leave.**

3. **If controversion is upheld, ask OWCP whether medical expenses are covered.**

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Third Party Liability

In cases with third party liability, the expenses of the injury should be borne by the responsible third party, not by the agency. However, the employee's CA-1 form may not always indicate third party liability. Therefore, always examine the CA-1 form for indicators of third party liability. You should also be able to explain third party procedures and the claimant's rights and obligations to the claimant.

Indicators of third party liability. The prevalence of third party liability will vary widely depending on the employee's exposure to situations outside the agency's control. Jobs that require a great deal of driving or other activity away from the facility are more likely to have third party claims. Common situations that might indicate a third party's liability are:

- Automobile accidents
- Defective equipment for which the manufacturer may be responsible
- Premise liability, where an accident may be caused by the negligence of a property owner
- Assault off the work premises by a non-employee
- Dog or animal bites

Third Party Procedures for All Agencies. To document a third party claim:

1. Review the accident report submitted by the employee.
2. Annotate potential third party liability on the back of the CA-1 form. Call OWCP's attention to the potential liability in the cover letter that forwards the claim.
3. Obtain the police report (if there is one) for vehicle accidents or assault cases.

4. Interview the injured employee for details about the accident.

5. Interview any witnesses to the injury.

6. Research any other relevant areas, such as equipment warranties or weather reports (if the injury resulted from a fall on icy surface), and document the results of your research. Be alert to instances where the agency should quickly investigate the injury or cause of injury (e.g. fall on ice, walk not shovelled, etc.) Delay in investigating these instances until OWCP inquires may preclude recovery if the conditions that caused the accident cannot be verified. Get as many facts as you can to demonstrate that the third party is liable.

7. Submit incident/accident reports, reports of investigations of third party liability, etc. to OWCP.

8. Monitor third party actions taken by OWCP. OWCP sends a letter to the claimant asking what action he/she has taken. If the agency does not receive its copy, follow up with OWCP to find out what the third party status is.

9. Contact OWCP for third party status every 6-9 months thereafter until settlement.

10. When the case is settled and recovery is made, follow up to make sure the agency is reimbursed for COP, and that the agency is credited for medical and compensation expenses through the chargeback. OWCP should notify the agency of recovery, the amount credited, etc.

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Third Party Procedures for Postal Service.

The purpose of pursuing a third party claim is to recover 100% of expenses and to secure a settlement that compensates for pain and suffering, inconvenience, etc. Always keep OWCP advised of all third party actions and correspondence.

1. If, in reviewing the CA-1 form, you see the potential for third party liability, annotate this on the back of the CA-1. Then send a letter to the employee informing him/her that:

   a. In cases involving potential third party liability employees are encouraged to seek recovery from the responsible party.

   b. If damages are recovered, the U. S. Government must be reimbursed for any payments made on the employee's behalf.

   c. The employee is guaranteed a minimum of 20% of the net recovery as well as any surplus remaining after disbursements have been made.

   d. Employees who refuse to pursue third party action may be denied compensation by OWCP.

2. Explain in this letter how the employee can seek to collect damages. The choices are:

   a. To hire an outside attorney to sue the third party

   b. To try to settle with the third party directly

   c. To ask the agency to pursue in his stead (<u>if</u> the agency has an agreement with OWCP to do this)

   d. To refuse to pursue (notify the employee that this may result in benefits being denied).

   NOTE: Ocassionally, OWCP determines that third party liability should not be pursued. For example, it might be bad publicity for an agency to sue an elderly person on a fixed income for failing to clear an icy sidewalk on which an employee fell. Also, where the injury is minor (total compensation, medical bills, time loss do not exceed or are not expected to exceed $1,000) OWCP may close the case if the claimant does not respond to OWCP's request for information or if the claimant indicates he/she is not asserting third party liability or retaining an attorney.

3. Request a signed statement from the employee indicating what action he/she intends to take. Enclose a blank statement form with the letter and ask the employee to sign it and return it to the compensation office.

Contributory negligence. Sometimes a third party is basically responsible for a claimant's injury, but an element of responsibility might also be attributable to the claimant. For example, a 300 pound mail carrier falls and injures himself while delivering mail because the homeowner's steps collapsed. Although the homeowner is responsibile for maintaining the steps in good condition, an argument might be made that holding a 300 pound person is not normal wear for the steps.

If contributory negligence is involved, if you are acting as the claimant's agent, be prepared to negotiate the settlement figure down.

Alternatives for pursuing collection of damages:

1. Employee hires an outside attorney. In this situation:

   a. Suggest that the employee hire the attorney on a contingency fee basis. This means that the attorney takes a percentage of the amount recovered, rather than a fee paid "up front". Otherwise, if the attorney does not recover for the employee, the employee may be stuck with attorney's fees that he/she will have to pay out of pocket.

   b. When the claimant has chosen an attorney, send OWCP the third party form that identifies the claimant's choice and includes the name of the attorney.

   c. Make sure the agency gives the attorney correspondence and documents establishing liability and all wage loss information and medical bills making up the lien.

   d. When the attorney settles the case, obtain the Statement of Recovery from the attorney.

   The employee is always guaranteed at least 1/5 of the recovery after the attorney's fee is paid.

2. The employee settles directly. In this case, the employee essentially acts as his/her own attorney.

   a. The agency gives the employee all documents normally given to the attorney.

   b. The employee contacts the third party and settles the claim.

   c. The employee makes the settlement and sends the disbursement check to OWCP. OWCP then pays the agency.

   d. Any surplus, after the lien is paid, goes to the employee. However, this amount must be used by the employee for expenses incurred by the same injury before the employee is eligible to collect additional compensation from OWCP.

3. DOL has given certain agencies authority to pursue claims for its employees. When the agency pursues the claim, the employee assigns his/her case to the agency, then the agency acts as the attorney. The advantage to the employee is that he/she pays no attorney fees. In this situation:

   - The claimant must reach maximum recovery before the agency attempts to settle the claim.

   - The agency handles only routine cases (e.g., less than $5,000 and a week off work). If the case starts off easy and becomes complicated, the employee may revoke assignment to the agency and hire an attorney.

   - Once the employee assigns the agency to handle the claim, he/she may not negotiate the settlement figure that the agency arrives at. On the other hand, the agency may choose to discuss the projected settlement figure with the employee. Then, the employee has the opportunity to revoke the assignment and hire an attorney or pursue it him/herself.

   When the agency pursues the claim, the compensation specialist will:

   a. Contact the responsible third party explaining the accident and asking that the responsible party, the insurance carrier, or the third party's attorney contact the workers' compensation office to discuss the case.

   b. Send OWCP a letter requesting an itemized statement of disbursements made on behalf of the claim. (The employee or doctor may have sent bills directly to OWCP; these would not be in the agency's files.)

   c. Write to the employee's supervisor stating that you anticipate negotiating settlement of the claim regarding his/her employee. In that letter, list expenses incurred as a result of the injury. Request that the supervisor ask the employee to identify any additional expenses that should be included in the settlement. (Sometimes the employee has babysitting charges or extra transportation costs for a light duty assignment following the injury.)

d. Figure the lien by adding up all costs for:
   . Continuation of Pay
   . Compensation payments
   . Medical bills and related expenses
   . Any other employee out-of-pocket expenses.

e. Prepare a projected settlement figure. Arrive at this figure by multiplying the total dollar amount of the lien by one of the following:

   . For a minor injury, 3 times the amount of the lien. (Round cents up to the nearest dollar.)

   . For a major injury, 5 times the amount of the lien. (Round cents up to the nearest dollar.)

   . For scar cases, use the DOL schedule, which pays a maximum of $3,500 for scars on the face.

   NOTE: whether the injury is major or minor depends on factors other than the medical or lost time expenses. These are:

   - The severity of the injury

   - Whether permanent disfigurement resulted from the injury

   - Whether there is a possibility of long term medical problems because of the injury. (For example, the doctor says the claimant will probably develop arthritis 5-10 years from now due to the injury.)

f. Inform the employee of the dollar amount of the proposed settlement.

g. Make an offer in writing to the claims adjuster.

h. Obtain the release form, signed by the employee.

i. Send the release to the insurance company.

j. Disburse the money.

k. Send a letter to the employee informing him/her of the settlement figure.

l. Complete the Statement of Recovery and forward it to OWCP. OWCP must have this before it closes the case.

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Light Duty

A light duty* program accommodates injured employees who are temporarily unable to perform their regular functions.

A light duty program has several advantages for injured employees:

1. They normally recuperate more rapidly if they are as active as possible, rather than lying around at home. Light duty often accelerates recuperation.

2. They retain the discipline of going to work every day. A long layoff makes return more difficult.

3. While on light duty, they still contribute to the organization and earn their pay. The alternative would be to pay employees and get no work done.

4. Since they are at work anyway, the employees often prefer to return as soon as possible to their regular job rather than continue doing lesser skilled light duty. The early return to the regular job is the ultimate objective.

Light duty programs that have the prior commitment of top management are most successful. Without such support, you can expect to encounter strong resistance from line managers who feel they are being "charged" for a full time position when they have only a partially effective employee.

There are at least two ways to set up a light duty program.

1. Informal program. An informal program may be nothing more than a standing procedure that all injured employees who are not bedridden will report to their regular supervisor. The supervisor is then responsible for finding some appropriate duty for the claimant. The only important constraint is to make sure that the duties assigned are well within any work limitations given by the attending physician.

* In this course, light duty will refer to a program for job-related illness/injury. (Some agencies distinguish between light duty and limited duty, with light duty reserved for non work related injury/illness.)

It is critical that the supervisor does not assign any duties to the claimant that are not clearly within the work limitations imposed by the treating physician. The claimant is recuperating from an injury and anything that would slow down the recuperation period or run the risk of a re-injury would defeat the purpose of the light duty program.

If a supervisor's initial response is that he/she doesn't have any work that the injured employee can do, assist the supervisor in finding useful work that the employee can perform while recuperating. Once the physician has provided work restrictions, you may have to ask the supervisor to define the number of times or hours per day certain physical requirements are performed in order to help determine exactly what the injured employee can do.

Some supervisors are reluctant to take back an employee who is not fully recovered and may exaggerate the physical demands of the job. In this case, interview the supervisor and get specific information on the physical requirements. Depending on the employee's work limitations, you may have to get a detailed description of specific actions performed, the frequency of the actions, weights involved and environmental factors.

Sometimes, the immediate supervisor has no way to usefully employ an injured employee. Once that is determined, broaden the search to the next level in the organization (for example, broaden from a branch level to a division level) to seek a special temporary set of job duties.

2. Formal program. A formal program differs from an informal one in that you set up a special job bank of light duty jobs that are filled only by injured employees. Normally this approach is most effective in a large installation. To set up such a job bank:

   a. Analyze the types and numbers of injured employees to determine the most common work restrictions.

   b. Search the organization for existing jobs that meet these common work restrictions. To get enough light duty jobs, you may also need to alter some existing jobs to eliminate operations that violate common work restrictions.

The bank of light duty assignments should include jobs of varying degrees of difficulty. The jobs chosen for the job bank should meet the following requirements:

a. Little or no training should be required. Don't expect supervisors to train someone in a skilled job when they know he/she will only be there a short time.

b. The job should result in a tangible product. The job should not be a "make work" or "goof off" job. This is counterproductive to the program, wastes human resources, and insults the claimant.

c. The physical requirements should have degrees of difficulty. As the injured employee improves, the physical demands of the job should gradually increase so that the succession of jobs helps promote rehabilitation. (Example: A person with a broken leg should not be in a completely sedentary job until going back to the regular job which requires walking all day.)

d. It should be a function where temporary additional help is useful. This will help insure that injured employees make a useful contribution to the organization.

e. The physical requirements should be clearly specified. This will enable you to judge whether the proposed light duty assignment is safely within the imposed work restrictions.

f) The job should be modified to eliminate non-essential duties outside the work restrictions. Sometimes an almost completely acceptable job has a rarely performed non-essential duty that conflicts with work limitations. You may be able to negotiate a modification of the job to eliminate the conflicting duty. Such modifications should be clear to both the supervisor and the employee.

Once the job bank is established, it is best administered from the compensation office, since the compensation office will make assignments and control the use of these positions.

Both formal and informal programs will be more effective if you follow these rules:

1. Establish a periodic medical examination so that you immediately learn when the claimant's work limitations change.

2. If you have any doubts about whether a light duty assignment is within an employee's work restrictions, have the treating physician review the job's maximum physical requirements to insure that they fall within the employee's limitations.

3. Do not make the light duty job more desirable than the person's regular job; he/she will want to keep it. This is best avoided by matching the light duty job as closely as possible to the regular job.

4. The job should have the same work schedule (same days and same hours) as the regular job.

5. The light duty work environment should be similar to that of the regular job. If the light duty environment is more attractive, it may seem like a reward and tend to become permanent. If the environment is less attractive, it may seem like a punishment.

6. The job should be similar in terms of pay. To put an injured employee in a job that pays more than his regular job creates a problem, especially if he performs well. A job considerably beneath the employee's capability makes poor use of resources.

7. The job should be a "sunset" job that automatically comes to an end at a specific time (6 months). This will force the decision to seriously re-appraise the individual's medical status. Based on the results of this re-appraisal, you must then decide to:

   - Return the claimant to his regular duty or

   - Permanently assign the claimant to another job.

Reviewing claimant's history for other qualifications. If you anticipate that the limited duty assignment will last for a considerable period of time, examine the claimant's employment history to see what other type of work the claimant is qualified for. For most government employees a recent 171 form is the best place to check.

When you review the claimant's employment history, examine the following carefully:

1. Education and Special Training. A claimant may have had some special training which qualifies him/her to perform jobs other than the regular job. Usually this will be a higher skilled job, and the employee will therefore be more productive while on limited duty. An injured employee who has had college courses in accounting, for example, may qualify for a temporary job in a financial office where he/she would be more useful than in a very low skilled job.

2. Previous employment. Previous employment is more important than education and training in determining employees' qualifications. To be useful, however, the 171 or resume must detail the functions performed and the length of time performed.

   Once you have identified the claimant's qualifications, examine jobs available in the facility that the employee might be qualified for. The job description should describe the functions performed in sufficient detail to determine if this is a reasonable match with the employees' background. A personnel specialist can assist in this process.

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Review of the Chargeback List

This section will describe:

- The Chargeback Billing List
- The purpose of Reviewing the Chargeback List
- How to Review the Chargeback List

Description of Chargeback List:

On the following page is a sample section from a Detailed Chargeback Billing List for a 12 month period. Each of the items on the chargeback list is numbered and described briefly.

The chart below gives the Identifying Codes for the OWCP District Offices and their locations.

OWCP DISTRICT OFFICES - IDENTIFYING CODES

01..... Boston	12..... Denver
02..... New York	13..... San Francisco
03..... Philadelphia	14..... Seattle
06..... Jacksonville	15..... Honolulu
09..... Cleveland	16..... Dallas
10..... Chicago	25..... Washington, D. C.
11..... Kansas City	50..... Special Claims

DV1PCB48 E.S.A. OFFICE OF WORKERS COMPENSATION PROGRAMS PAGE 868
REPORT DATE: 07/31/83 DETAILED CHARGEBACK BILLING LIST FOR PERIOD: JULY 1,1982-JUNE 30, 1983 (1)

(2) DEPARTMENT: TENNESSEE VALLEY AUTHORITY (3) AGENCY: POWER

(4) ACCOUNT: DIVISION OF FOSSIL AND HYDRO POWER (5) ACCOUNT NUMBER: 1553

(6) CASE NO	(7) ID	(8) PD		(9) EMPLOYEE NAME			(10) SOC.SEC.NO.	(11) DATE OF INJURY	(12) PAYMENTS: MEDICAL NO. (a)	MEDICAL AMOUNT (b)	COMPENSATION NO. (c)	COMPENSATION AMOUNT (d)	COMPENSATION ROLL (e)	A D J (f)	TOTAL NO. (g)	TOTAL AMOUNT (h)
0263688	06	06		COLLINS	JACK	H	411-48-2988	01/13/81	16	1,296.08					16	1,296.08
0263688	06	06		BISH	D	A	412-34-7683	12/27/80	29	4,256.68	14	18,436.17	P		43	22,692.85
0263994	06	06		MITCHELL	WINDEL	L	428-84-2656	01/01/81	1	69.50					1	69.50
0264169	06	06		WILLIAMS	ROBERT		414-28-5032	08/15/80			14	18,726.80	P		14	18,726.80
0265588	06	06	*	HUDDLESTON	KENNITH	D	411-98-7366	12/09/80	2	537.00-					2	537.00-
0266861	06	06		SAMPSON	DANNY	G	585-89-6507	01/28/81	14	5,679.61	14	15,376.50	P		28	21,056.11
0267283	06	06	*	ROBERTSON	RICHARD	A	411-84-3143	01/10/81	1	2,077.95					1	2,077.95
0082408	09	17		RANDOLPH	RAYMOND	H	421-48-9864	07/17/68	2	119.00	14	17,449.71	P		16	17,568.71
0092546	09	17		FOLEY	THOMAS	D	415-20-2362	02/26/68			14	16,147.42	P		14	16,147.42
0094368	09	06		LINVILLE	CALVIN	L	409-03-1457	06/04/69			14	19,617.64	P		14	19,617.64
0110245	09	17		FORISTER	JAMES	W	256-34-6383	07/30/78			12	26,292.88	D		12	26,292.88

CHARGEBACK BILLING LIST

ITEM NO.	DESCRIPTION
1.	Report Date - These are the dates indicating what period is covered by the chargeback list. Lists are issued quarterly, with a cumulative accounting of disbursement transactions made during the dates indicated.
2.	Department - Federal Department for which transactions are made.
3.	Agency - Sub division of the Federal Department.
4.	Account - The particular facility or installation that the chargeback list applies to.
5.	Account Number - The number assigned to the account by OWCP.
6.	Case No. - The number assigned to a claimant's case when it is received by OWCP.
7.	ID - Initial District - This is the district office of OWCP where the case is first filed. The ID and case serial number together provide the unique identification for each case.
8.	PD - Pay District - This is the FECA district where the last payment for the claim was made.
9.	Employee Name - Last name, first name and middle initial of FECA claimant. An asterisk to the left of the employee name indicates that this is the first time the case appears on the listing.
10.	Soc. Sec. No. - Social Security Number of claimant. Where this is not available, the field if filled with 1's, 2's, 9's, or zeros.
11.	Date of Injury - Date on which claimant was injured - taken from CA-1 form.
12.	Payments:
12a.	Medical No. - Number of Medical payments made during the period.
12b.	Medical Amount - Total dollar amount of the medical payments made during the period. This includes payments for medical treatment, prosthetic devices and rehabilitation costs. A minus sign appears where a credit has been made to the agency.
12c.	Compensation No. - Number of Compensation payments made during the period.
12d.	Compensation Amount - Total dollar amount of the compensation payments made during the period. A minus sign appears where a credit has been made to the agency.
12e.	Compensation Roll - The payment roll from which the last payment was made: D = Death; P = Periodic Nonfatal (Periodic Nonfatal or Daily Nonfatal); S = Supplementary. (There is an indicator here only if a payment has been made.)
12f.	ADJ - Special Adjustments made during the period. An asterisk appears under the "ADJ" column when there are adjustments made. These might be subtractions for adjusted overpayments to claimants, chargeback system errors that have been corrected for duplicate payments, or subtractions when an agency has been reimbursed for a settled third party claim.
12g.	Total No. - Total number of payments, both medical and compensation, made during the period.
12h.	Total Amount - Total dollar amount of payments, both medical and compensation, made during the period. If a credit has been made to the agency in the medical or compensation column, a minus sign will appear here too.

Purpose of Reviewing the Chargeback List

The compensation specialist should review the annual and quarterly chargeback lists which OWCP sends to all federal agencies to make sure the agency is being charged correctly for its compensation costs. The list can also help you identify cases to review.

There are three reasons to review the Chargeback List:

1. Verify that claimants listed actually work or worked for the agency.
2. Identify payments that may be in error.
3. Identify cases where the medical status should be examined because claimants may not be totally disabled.

What To Do:

1. Verify that claimants listed belong to agency.

   Check each name on the chargeback list to verify that the employee being charged to the agency was or is currently an agency employee. Do this on each quarterly listing by taking these steps:

   a. Check the agency's compensation files for the claimant's name, social security number, and date of injury.

   b. If nothing turns up under a search of the agency's compensation files, then check the employment history cards in the personnel office by claimant's name, social security number, and date of injury.

   c. If there is no record in these two places, then ask the OWCP District Office for an updated file. Check the file to see why this person is being charged to your agency.

2. Identify possible payment errors.

   The compensation office reviews the chargeback listing to verify the accuracy of payments made for both medical costs and compensation payments. This check can save the agency from being overcharged if errors have occurred. This audit is the agency's only way to verify payments.

Usually 14 payments (13 regular payments plus cost of living adjustments) are made each year. You may also find totals of 15 and 16 when other adjustments are made.

There are no hard and fast rules for verifying the accuracy of payments. Though some payment errors may show up in quarterly listings, the annual listing gives a more complete picture. The thoroughness of the review may often depend on the resources available.

At a minimum, it's best to verify the following kinds of priority cases:

a. High compensation payments. What is considered a high compensation payment varies from agency to agency. For most agencies, the majority of claimants are in the same salary range, e.g. $22,000 - $26,000. As a result, full compensation is 75% (or 66 2/3 %) of this ($16,000 - $19,500). If the 14 annual payments total much more than the agency's range, e.g. much over $26,000, check for possible overpayment.

   NOTE: If there are fewer than 14 payments, a high payment could be back pay for a claim whose adjudication had been delayed.

b. Very high medical costs. If medical costs for the year are $10,000 or more, check for duplicate payments or billing errors. An error in a bill that size is very expensive.

c. High medical costs and no compensation. "High" cannot be precisely defined, but some experienced specialists use $1,000 as a standard. Adjust this figure to reflect actual medical costs for your area. You can generally expect someone requiring expensive medical treatment to be on compensation. If compensation is not being paid, check for the reason for high medical costs. Check for duplicate payments, delayed payment of bill, or billing errors.

   NOTE: Another possible reason for the discrepancy between high medical costs and no compensation is that the claimant may have elected to use leave of some type or is on disability retirement instead of compensation.

INDICATORS OF POSSIBLE PAYMENT ERRORS

If:	Higher than normal compensation payments
Then:	Verify that payments are correct.
If:	Very high medical costs ($10,000 or more)
Then:	Check medical costs for duplicate payments or billing errors.
If:	High medical costs (over $1,000) and no compensation
Then:	Check for duplicate payments or billing errors.

If you have resources available for a complete review, do the following:

a. Check each dollar amount for compensation costs against the compensation cost that the agency has figured for its employees. To do this:

   . Contact the employee's immediate supervisor to verify the total number of days the employee was off.

   . Check this figure against the documents you have (forms CA-7 or CA-8 and the medical reports). Multiply the days off times the pay rate times the compensation rate (66 2/3% for a person with no dependents or 75% for a person with dependents).

   . If you find an overpayment to the employee, notify OWCP in writing and request them to verify the findings. Provide OWCP with your audit of the employee's hours and dates in question and copies of all the forms covering that period.

b. In any review of medical bills, check to see that all charges pertain to job related conditions. If medical bills, especially hospital bills, do not clearly state what specific charges are for and if charges appear to be for a non job-related condition, get clarification from the treating physician. Doctors and hospitals who are treating a single patient with multiple medical problems may not separate out costs compensable under FECA. When a single bill includes treatments for several conditions, identify compensable costs from non-compensable costs and notify OWCP of your findings.

c. Check all medical costs listed for each employee against agency records for duplicates or overpayments. To check this:

   . Compare OWCP's payment receipts with compensation office and employee records,

   . Contact the medical facility for confirmation if an error is found. Then,

   . Notify OWCP in writing and request them to confirm the error.

d. In death cases, check the case file for the ages of any children. If a child over 18 is being claimed as a full time student, check to see if the child is still in school.

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3. Review long-term cases for continuing disability. The claimants may not be totally disabled and the medical status should be examined.

The agency pays up to 75% of salary for a claimant who is receiving full compensation. This cost to the agency continues as long as the claimant is on compensation. The agency can save costs by reexamining the case periodically to see whether the person can return to work.

The annual chargeback list is a useful tool for identifying long term cases which should be examined for continuing disability. Pay special attention to claimants on the periodic roll who have not been working for a year or more. Many such claimants have been terminated by the agency.

When you review the annual chargeback list, keep in mind that your objectives are:

a. To identify claimants whose present disability may not be total,

b. To identify cases where the claimant is totally disabled but the disability may not be totally job-related, and/or

c. To identify claimants who are good candidates for rehabilitation.

To select cases from the chargeback list, do the following:

1. Use the annual listing that gives a full 12-month listing of payments. (This will help prevent drawing false conclusions based on late billing or cumulative billing.)

2. Identify for priority consideration individuals who have been receiving compensation payments for an entire year. Look at the No. column and select only cases where 14 or more payments were made. (Remember that the usual number of payments made in a year is 14, but sometimes adjustments raise the number of payments to 15 or 16.) If the number is 14 or more, do not be concerned if there is an "S" in the Roll column. This just means that the last payment made was supplementary.

3. Eliminate from priority consideration obvious Loss of Wage Earning Capacity (LWEC) cases. These are identifiable by monthly payments that are considerably less than those for the usual employee.

   Example. Suppose most of your employees on compensation are in the $15,000-$20,000 range. If you see one employee who had 14 payments totaling $4,306, this is probably an LWEC case. (Note that $4,306 is less than the minimum wage.)

   Definition of LWEC. A claimant on LWEC probably has a permanent partial disability and compensation has been adjusted accordingly. The claimant is not able to perform the former job due to the work-related injury, but OWCP has figured that the claimant can perform another type of job within his/her work restrictions. If the claimant is not working, OWCP estimates what the "do-able" job would pay and then compensates the claimant for the pay difference between the regular job and the job he or she could perform. If the claimant is working, OWCP uses the current salary to compute the LWEC.

4. Eliminate from priority consideration death cases (D).

Of those drawing full compensation:

a. Look for those who have low medical costs. Normally, a totally disabled person will require considerable medical treatment. No specific dollar total of medical costs should trigger examination of the case, but this course will use an annual total of $100 as a rule of thumb. (Because medical costs vary substantially from community to community, you will need to set a realistic figure for your area. In addition, the amount of agency resources that can be devoted to this review will also have an effect on where you set the figure.) Using the $100 guideline, assume the cost of a typical visit to a doctor with no special treatment costs $25. Four visits to the doctor would be $100. If the claimant does not require more medical treatment than that in a year, the case should be examined.

   NOTE: The number of payments by itself may not be significant. It is not uncommon for a doctor to charge for several visits on one bill.

b. Check any case with no medical payments at all.

c. Check any case with a sizeable medical bill (over $2,000), and a date of injury over 2 years old. In most cases initial medical costs are sizable, but these costs normally decline as the claimant recovers. If sizable costs (over $2,000/year) occur more than 2 years after the injury, the claimant may have another injury or illness not connected to the claim.

The following chart summarizes these points:

INDICATORS OF CONTINUING DISABILITY

o Use a 12-month chargeback listing. o Consider only those cases where 14 or more compensation payments are made. o Do not consider LWEC cases. o Do not consider Death (D) cases.
If: Full compensation and: a. low medical ($100 or less) or b. no medical Then: Check case file
If: High medical costs (over $2,000) and date of injury is over two years old Then: Check case file.

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Review of the Chargeback List Indicators

POSSIBLE PAYMENT ERRORS	CONTINUING DISABILITY
	o Use a 12-month chargeback listing. o Consider only those cases where 14 compensation payments are made. o Do not consider LWEC cases. o Do not consider Death (D) cases.
If: Higher than normal compensation payments Then: Verify that payments are correct	If: Full compensation and: a. low medical ($100 or less) or b. no medical Then: Check case file
If: Very high medical costs ($10,000 or more) Then: Check medical costs for duplicate payments or billing errors.	If: High medical costs (over $2,000) and date of injury is over two years old Then: Check case file
If: High medical costs (over $1,000) and no compensation Then: Check for duplicate payments or billing errors.	

Long Term Case Review

Review selected files to identify:

1. Claimants whose present disability may not be total. Determine if medical evidence is adequate to establish that the person is totally disabled.

2. Claimants who are totally disabled but whose disability may not be totally job-related. Determine if the disability is wholly due to the job injury or if there are other conditions.

3. Claimants who are good candidates for rehabilitation. This subject will be discussed in detail in the section on Rehabilitation.

PROCESS FOR EXAMINING A FILE

Examine the updated file. Though your agency may already have much case material, you may not have such important documents as the latest medical report. As a result, you can examine a claimant's file in depth only if you arrange with OWCP to update your file.

To examine the file:

1. Review the CA-1 to identify the nature of the claimed injury and the description of the accident.

2. If the claim was controverted, check the basis for controversion.

3. Check to see if a pre-existing condition was aggravated by the injury. The effects of that aggravation may have diminished or disappeared since the time of adjudication.

REVIEWING MEDICAL EVIDENCE

Examine medical evidence in the case file to determine if the claimant:

1. May be able to perform his/her former work, i.e. no residual disabilities which prevent the claimant from performing his/her former job.

2. Has a concurrent condition which may account for part or all of the claimant's current disability.

3. Has some residual disability which bars the claimant from the former job but still allows for placement in a different job.

4. Is still totally disabled due to the effects of the job injury.

Depending on which category the claimant falls into, the case will be handled differently.

Adequacy of medical evidence

Review the medical evidence in the file to determine:

1. Whether the claimed disability is supported by adequate objective findings.

2. Whether the current disability is wholly attributable to the effects of the job related injury.

   If no recent (within last 6 months) medical evidence in the case file substantiates continuing disability, request an updated medical report. If the employee is not on the agency's rolls, ask OWCP to request new medical evidence.

Your review of the medical evidence in the file may indicate that you need to take further action on the case. On the following chart, you will see:

1. Indicators of a problem situation
2. Queries or actions to take
3. Evaluation of information received
4. Resolution of the problem

Read this chart from top to bottom through the successive steps of Indicator, Query, Evaluation, and Resolution.

LONG TERM CASE REVIEW
Problem Situations

	1	2	3	4	5
INDICATOR	No medical justification for disability	Partial job-related disability	Pre-existing condition (total or partial disability)	Concurrent condition and job-related disability	Total disability unrelated to job injury
QUERY	Obtain new medical evaluation. Is there any conflict with status previously reported?*	Obtain current work limitations from doctor	Is current disability due entirely to job-related injury?	Is claimant totally or partially disabled?	Reevaluate medical causality
EVALUATION RESULTS	No current disability	Employee can work within medical limitations	Total or partial disability is job related	Claimant is partially disabled	Personal condition only
RESOLUTION	Reassign or re-employ in old job	Select/ create a modified job and make job offer	.If total-full comp. .If partial-rehab for pre-existing condition and job injury	Accommodate job-related injury and offer modified job or request LWEC	Request termination of compensation

*If there is conflict, request an impartial medical examination.

Disability Supported by Objective Findings

To determine if the claimant's disability is supported by objective findings, review the medical reports and look for:

1. Severity of the injury, e.g., in a back injury case, was surgery performed?

2. Length of recuperation time since the injury or treatment, e.g., usually people recover from back strain in 6-8 weeks. Usually people recover from back surgery in 6-8 months. If continuing disability is claimed after these times, is an adequate explanation offered? Another medical report may be necessary.

3. Extent of diagnostic tests performed, e.g, if a condition does not respond to conservative treatment, what efforts have been made to perform a full range of diagnostic tests?

When an employee is on light duty and the recovery period is longer than anticipated, review the medical reports to see if they justify continued light duty. Look for:

1. Medical reports that tend to be repetitive.

2. Minimal or no objective findings.

3. Conservative treatment.

4. Absence of a full range of diagnostic tests.

If the medical reports meet one or more of the above criteria, write the physician to get clarification on these points. A sample letter addressing these items follows on page 61a.

Questions for the treating physician

If the medical justification is inadequate, see that the attending physician is asked:

1. How the condition described relates to the job injury.

2. Whether the patient has fully recovered from the job injury. If not, what are the specific work limitations?

3. Whether the doctor would recommend more extensive testing to determine the claimant's condition.

SAMPLE LETTER TO PHYSICIAN

REQUESTING CLARIFICATION OF MEDICAL INFORMATION

Date

Physician
Address

Reference: Claimant, Date of Injury, OWCP File No.

Dear Dr. (name):

Your patient, (name), has worked in a limited duty assignment since (date) when he sustained an injury to his (part of body). His physical restrictions have not changed and your reports continue to indicate that (claimant) cannot (work restriction). Limited duty is designed to be temporary. Therefore, it is essential that we determine the extent and duration of (claimant's) physical limitations.

(Claimant's) regular assignment is that of a _____. This requires him to (list physical requirements of regular job).

1. In your medical opinion what is the approximate date when (claimant) will be able to return to this assignment?

2. If (claimant) cannot return to his regular assignment, please provide us with a detailed medical report including:

   a. Objective findings which prevent his return to the regular work assignment.

   b. A reasoned medical opinion that connects his current physical limitations to the job-related injury.

   c. His physical limitations and their expected duration.

I appreciate your efforts in assisting us to accommodate (claimant) and have enclosed a self-addressed envelope for your reply.

Sincerely,

Injury Compensation Supervisor

cc: OWCP District Office

NOTE: The claimant may have resisted the doctor's recommendation to undergo further tests. The claimant may legitimately refuse invasive testing (tests that require exploratory surgery, spinal taps etc.). On the other hand, the claimant must cooperate for diagnostic tests that are not invasive (such as X-rays, etc.) If the claimant refuses to cooperate in these tests, compensation may be terminated.

How to obtain medical evidence

The claimant's status will determine how you get the level of information required to justify continued compensation:

1. If the claimant is on the agency rolls, request the information from the treating physician. If you are unable to get it from the physician, you may order a Fitness for Duty report (FFD) from any qualified medical specialist. (A Board Certified Specialist's opinion carries the most weight in conflict of opinion.)

2. If OWCP has accepted the claimant's case and the claimant has been separated from the agency, you must request that OWCP obtain the information or request a second opinion.

3. If, examination findings by a second doctor (either FFD or OWCP-ordered second opinion) conflict with the treating physician's medical opinion, the conflict can be resolved only by the claimant's being examined by a third doctor (a specialist). In such a case, OWCP will order the claimant to be examined by a third doctor. This is called an Impartial Medical Examination (IME), and the results of the examination will be decisive.

   If the conflict was created by an FFD, forward the FFD report to OWCP, pointing out the conflict and requesting an IME. (If the conflict arises from an OWCP-ordered second opinion, OWCP handles the resolution directly.)

   Requests for an Impartial Medical Exam should contain the following points:

   a. The inadequacy or incompleteness of the treating physician's medical reports.

   b. The unsuccessful attempts to get clarification from the treating physician.

   c. The rational for ordering a Fitness for Duty exam and the results of the FFD.

   d. Identification of the conflicting reports and a request for an IME to resolve the conflict. (See sample letter on the following page.)

SAMPLE LETTER

REQUESTING OWCP TO RESOLVE CONFLICT IN MEDICAL OPINION

Date

OWCP
Address

Reference: Claimant, Date of Injury, OWCP File No.

To Whom It May Concern:

1. (Claimant) has been treated by Dr. (name) for the past (length of time). The treatment has been conservative and now consists of evaluations every (number) months. The evaluation reports we have been receiving are extremely general and have indicated no change in diagnosis or physical restrictions.

2. We have been unable to get more definitive information from Dr. (name). The latest medical report, dated _____, again states that the employee should remain on limited duty for another (number) months and includes a work restriction of _____.

3. As a result of the above, we scheduled (claimant) for a Fitness for Duty examination by Board Certified Specialist (doctor's name) on (date). He/she found that the employee has no residual physical disability as a result of the job-related injury. He/she further found the employee capable of performing all of the duties of a (job title) with no physical restrictions.

4. (Claimant's name) has been working in a limited duty assignment since (date) because of his/her inability to (work restriction). Since there is now conflicting medical opinion as to his physical limitations and their cause, we request that he/she be referred to an impartial specialist for final resolution of the conflict.

Sincerely,

_____
Injury Compensation Supervisor

Evaluating results

Once you have enough information about the extent of current disability and the amount of disability attributable to the job injury, you can resolve the case.

1. If the claimant has fully recovered from the injury, OWCP will terminate compensation. Assuming no other disabilities, you may inform the claimant who has been separated that he/she will be given priority consideration for rehiring if he/she applies within 30 days. If the claimant is still on the agency's rolls, the agency may place the claimant in a job.

2. If the claimant has a residual disability from the job injury, but can perform a modified job, the case should be referred to the District Rehabilitation Specialist for case review and contact with the claimant. If the claimant is still on the agency's rolls, the agency may request a Fitness For Duty exam and place the claimant in a modified job.

   NOTE: If a concurrent (not pre-existing) condition prevents the claimant from performing a job which accommodates the work injury, the agency has no obligation to rehire the claimant. The agency may make a job offer which accommodates the work injury. If the claimant refuses the job, compensation may be terminated.

3. If the claimant is still totally disabled due to the job related injury, schedule the case file for reexamination in another year.

4. If the claimant has reached maximum medical improvement from the job-related injury, you may request that OWCP determine Loss of Wage Earning Capacity (LWEC).

5. If the claimant has both residual disability from the job injury and a pre-existing condition, the job offer must accommodate both:

   a. Any work limitations resulting from the job injury, and

   b. Any pre-existing condition that was present at the time of the injury. (Such conditions must be accommodated because the claimant was able to perform the job with this pre-existing condition.)

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Rehabilitation

Rehabilitation is a permanent job accommodation for a current or former employee who is permanently and partially disabled as a result of a job-related injury.

This section will cover:

- o Establishing a rehabilitation program and
- o Making job accommodations for injured employees

ESTABLISHING A REHABILITATION PROGRAM

To be credible, agency rehabilitation programs must have initial success. Otherwise cynical employees are likely to perceive them as means of getting people off the rolls by offering claimants jobs you do not expect them to accept. On the other hand, a record of successful rehabilitation will encourage other long term disability claimants to attempt to return to work.

Large facilities may be able to establish a job bank of modified jobs for employees with permanent partial disabilities. To do this, several steps are necessary:

1. Analyze the pattern of injuries and the consequent work limitations that are most common.
2. Survey the organization for jobs that are within these work limitations.
3. Arrange to set these jobs aside or to get priority (mandatory) placement for rehabilitated employees.
4. If no such jobs can be readily found, modify existing jobs or design new jobs that are within common work limitations.

   Some organizations analyze and classify jobs in a number of levels, at least one of which has minimal physical demands (largely sedentary).

5. If your agency cannot find or design a suitable job for an employee with a permanent partial disability, consider whether the employee is a good candidate for further education or training. Some injured employees return to school and get a degree as part of a vocational rehabilitation program, though this is initially expensive. One such employee found a higher paying job after completing his last two years of college.

For example, even at the first medical examination a physician may know that an injured employee may never be able to return to his/her regular job (e.g., loss of a limb). Sometimes, you will know from the outset that a claimant will need rehabilitation. In these instances, rehabilitation planning should begin immediately.

Some agencies keep in close contact with such individuals from the beginning. They visit them in the hospital, get to know the family, and find out early how the employees feel about coming back to work.

MAKING JOB ACCOMMODATIONS

Employee Status

Claimants in the following three situations often need rehabilitation:

1. The employee has been on light duty for 6-12 months. Medical reevaluation finds him/her unable to resume former duties in the foreseeable future.

2. The employee has been off work for a year with a job-related injury, but is still on the agency's rolls.

3. The employee has been on the periodic roll for over one year and has been identified as a candidate for reemployment.

1. Those who have been on light duty

When a physician determines that an injured employee on light duty will not be able to return to his/her job, then:

a. Ask the treating physician for a complete report on work limitations.

b. Order a fitness for duty medical examination, and compare the results with the treating physician's report.

c. If the two reports disagree, ask OWCP to get a third opinion and wait for OWCP's decision, or

d. If the two reports agree on the work limitations, place the employee in a job that accommodates the limitations.

- If possible, modify the employee's former job to accommodate the work limitations. If this is not possible, design a new job that accommodates the employee's work limitations.

  One agency has established this policy of priority placement: Any permanently disabled employee who is not working but who meets the qualifications for any new job announcement (as on the SF-52 - Personnel Action form) is automatically hired for the job. The supervisor cannot refuse.

2. Employees who have been off work for one year

When an employee has been off work for one year due to a job-related injury and is still on the agency's rolls, then:

a. Send the employee a letter and enclose a CA-17.

b. In the letter, request a medical exam to determine:

   . Whether the employee can return to the regular job without limitations, or

   . What work limitations continue to exist.

c. In the letter, also advise the employee of his/her right to apply for disability retirement or advise him that the agency may initiate the process on the employee's behalf.

d. If the medical report indicates that the employee is able to perform a modified job, then:

- Modify the employee's regular job (if possible) to match limitations,
- Offer a new job that is within the work limitations, or
- Offer a retraining program together with a part-time job

e. After identifying a job that meets the employee's work restrictions, send the physician a description of the job's specific duties and physical and environmental requirements. Ask the physician to concur in writing that the job meets the employee's work limitations.

f. If the employee's treating physician concurs, notify OWCP by phone of probable return to work and ask them to expedite processing for return to work as soon as possible. Follow up by sending OWCP the physician's concurrence, a copy of the job description, and a statement of the agency's intent to place the employee in a modified position.

g. If the prognosis is that the employee will be able to return to work within another 6 to 12 months, then extend LWOP for compensation rather than terminate the employee.

3. Those who have been on the periodic roll

Once you have a potential rehabilitation candidate (determined by the date of injury obtained from the chargeback list) then:

- Review the claim file,
- Review the official personnel file and
- Examine agency health records

From these sources you can make up a profile of the candidate which includes the following information:

a. The age of the claimant. Generally the younger the better. Claimants over 50 are much more difficult to rehabilitate. For someone at or near retirement age, success is even less likely.

b. The nature of the disability. Determine if the employing agency can accommodate the claimant's work limitations. Could a job be found in the facility that the claimant could perform?

c. Concurrent disability. The claimant may have further disabilities in addition to the work related disability, which increase the work limitations. (However, if the claimant was originally hired with this disability, the agency should make accommodations.)

d. Claimant's employment history. Did the claimant have a good employment record prior to the injury? Did he have a good attendance record? Any history of abusing sick leave?

e. General qualifications of employee. Check the work history and the educational background of the employee. Does this employee have other skills that might qualify him for a job with lighter physical demands? Does he have special education or training that might make it easier to place him?

f. Previous light duty assignment. Had the claimant previously been on a light duty assignment as a result of his injury? If so, it is presumably still possible to accommodate him.

g. Is the claimant able to work full days or at least half days? If less than half time, it probably is not worth attempting to rehabilitate the individual.

When you have identified a claimant as a good potential rehire, then:

- Request a copy of the claimant's current work restrictions from OWCP.

- Identify the position in your agency in which you would place the claimant and modify the position to meet the employee's work restrictions.

- Obtain written concurrence from the treating physician stating that the modified position accommodates the work limitations.

- Notify OWCP that the agency intends to accommodate the claimant's work restrictions and rehire the claimant.

Modifying a Job

When you modify a job to accommodate a claimant with a permanent disability:

1. Obtain a copy of the official position description for the position you are modifying.

2. Compare the requirements of the job description with the claimant's current work restriction. Consider environmental factors of the job as well as job duties and physical requirements for the position.

3. Write a modified position description for the job:

   a. Delete any duties or physical requirements that exceed the medical work limitations.

   b. Name all the duties normally associated with this job and list those that the employee will not be required to perform.

   c. Include all medical restrictions, whether or not they specifically appear to relate to the particular job the claimant will be performing. For example, if the job description is for that of a receptionist, even though this position typically occurs indoors, if the medical restrictions specify "cannot work outside", make sure the restriction is included in the position description.

4. After the position description is developed, obtain the attending physician's concurrence.

Use of the Vocational Rehabilitation Counselor

In addition to agency efforts to identify candidates for vocational rehabilitation, OWCP also reviews the periodic rolls. One of the purposes of this review is to identify good candidates for rehabilitation.

Priority is given to employees who want to go back to work. Usual procedures are:

a. The OWCP Vocational Rehabilitation Office contacts the agency to see if it can take the employee back by:

   - Reemploying the claimant in the old job with limitations,
   - Modifying the previous job to accommodate limitations, or
   - Designing a new job to meet work limitations.

b. Alternately, OWCP engages a Vocational Rehabilitation Counselor (VRC) to contact the employee. The VRC then:

   - Reviews the employee's skill level,
   - Tests the employee on aptitudes and attitudes,
   - Contacts the agency to attempt suitable placement.

c. If the agency is unable to place the employee internally, the VRC will attempt to place him elsewhere or refer him to outside training.

You can enhance the efforts of the VRC by working closely with him/her to provide information from the employee's official personnel file on work history and behavior on the job.

The VRC is able to provide the following services to facilitate the placement of claimants:

a. Acts as a third-party counselor to the employee,

b. Assists the organization in identifying a suitable job,

c. Assists in writing a position description which delineates existing work limitations,

d. Clears proposed job duties with the treating physician,

e. Assists in the interview with the employee to:

- Explain the job being offered,

- Help explain the status of the employee's benefits,

- Explain the consequences of refusing the job.

The Vocational Rehabilitation Counselor will normally stay in contact with the employee for 3 - 9 months after placement on the job. Problems of adjustment usually develop early.

RETURN TO THE TASK BOOK, PAGE 274.

Job Offer Meeting

When you have identified a claimant to be reemployed, and when the agency has identified a position to accommodate the employee's work limitations, you are ready to make a job offer.

When making a specific job offer, some specialists conduct a meeting during which they also explain the rehabilitation program and the employee's benefits in detail. The compensation specialist should arrange for and run the meeting.

This meeting is usually attended by the employee, his representative, the compensation specialist, the Vocational Rehabilitation Counselor, and sometimes a representative of OWCP. If the employee accepts the job, a personnel specialist is invited in.

The agenda for such a meeting is as follows:

1. Explain the Rehabilitation program covering the following points:

   - The purpose of the program is to assist injured workers in overcoming their disabilities and return to productive work.

   - The agency has a legal responsibility to:

     . restore all benefits due to the employee, and

     . guarantee that the employee will not be assigned to perform outside his work limits. (In case a problem develops, a new work restriction evaluation can be done. In many cases the modified position can be further modified to meet new or increasing restrictions and the claimant remains employable.)

2. Review the employee's work restrictions. For this it is essential that you have a copy of a work restriction evaluation that is less than 6 months old. The restrictions should be clearly stated. Also inform the employee of any physical limitations that are more restrictive as a result of an agency preemployment physical examination.

3. Explain the restoration of rights and benefits. These include:

   - The employee does not have a probationary period.

- The time on compensation counts in qualifying for more leave (this changes in the 3rd and 15th year of employment).

- LWOP counts as time towards OPM retirement, at no cost to the employee.

- If the employee is currently on OPM disability retirement this stops upon job acceptance.

- If the employee accepts the job then finds he is unable to continue due to the same injury, OPM will restore his former status.

- If the employee cannot continue due to some other disability, he may apply for OPM retirement. If he was previously granted OPM retirement, he must reapply.

- The employee may receive FECA benefits both for a recurrence or for a new injury. Explain in detail the functions of the compensation office.

- Explain the employee's salary. Start by going back to the salary at the time of injury. Records should be at hand.

  For all federal agencies except Postal Service, if the job being offered is at a lower level, explain how slotting and red circling work. Slotting is paying the employee at a step that matches the previous salary. Red-circling is paying more than the highest step of a grade. In this instance the employee will not be able to earn any additional steps while in that grade.

  Unlike reinstatement after a resignation which doesn't require placement beyond step 1, rehabilitation results in full restoration of pay and qualification for step increases at the usual time. The general practice is to make the employee "whole" by paying at the rate the employee would be getting if he/she had not been injured. Credit is given for all step increases that have been earned while the employee is on compensation.

  For Postal Service, the salary for the reemployed position is always determined for <u>former</u> employees by the grade and step that was in effect at the time of injury or recurrent disability. Even though employees receive step increases for the time they are

on the employing agency's rolls in a leave-without-pay status, these steps are not taken into consideration unless they are the same as the date of injury or recurrent rate step.

4. Explain promotional potential for the future.

5. Consequences of declination. Tell the claimant that if he/she declines the job OWCP will be notified, and in all probability compensation will be terminated or in case of LWEC, reduced.

6. Make the job offer. The employee will already have some notion of the type of job to be offered. Review the specific duties of the job, especially the physical requirements and how they are within the work limitations established by the doctor. In addition, make sure that the job description specifically states that the employee will not do any work in excess of the work limitations. Review the schedule and tour of duty. Also tell the employee where he is going to work, and who the supervisor is, and what the reporting date is (preferably within 2 weeks).

   - Hand the formal job offer to the employee in a written letter. Ask the employee to sign either the acceptance or refusal line in the letter. Make sure that the letter containing the job offer advises the employee of a return to work date.

   - Press for an immediate decision. In special cases you may give the claimant 24 hours to consider the offer. The employing agency must submit a full written summary of the interview, including the signed declination, the work restriction evaluation and the position description to OWCP. If OWCP considers the position to be representative of the employee's physical capabilities, then in all probability compensation benefits will be terminated or reduced. OWCP will evaluate the job offer to make sure it is suitable, will make a determination on the employee's eligibility for benefits, and will notify the Office of Personnel Management of any change in FECA benefits.

     - If the offer is accepted, bring in the personnel specialist to go over all the benefits, just as one would do in orienting a former employee being reemployed.

This is a sample of the letter which is given to the employee regarding the job offer:

Dear _____:

We have received medical information which indicates you can perform some type of work if certain work restrictions are imposed. We are offering you the following position:

File Clerk	GS-203	3	$4.57/hour
Title	Grade	Step	Salary

This position is located in the Administrative Department of the _____. You qualify for this position on the basis of educational experience, work experience, and work restrictions. A copy of the Position Description is attached for your convenience.

Please indicate your acceptance or refusal of this position below. Please be advised that refusal to accept suitable employment can result in termination of FECA benefits.

I accept the position of file clerk, GS-203-03

_____

Signature of Employee Date

I do not accept the position of file clerk, GS-203-03

_____

Signature of Employee Date

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Support Systems For Rehabilitated Employees

Employees who are reentering the workforce after a year or more absence require considerable support from the organization. There are several obstacles to the successful completion of reemployment:

- Fear of failure on the job,
- Dislike of other workers "carrying" them, and
- Unsureness of being able to readjust to work life.

An effective vocational rehabilitation program is required to overcome these obstacles. A successful program has several elements:

a. Place rehabilitated employees in a normal environment. They should not be located in a "problem" area.

b. Prepare supervisors of rehabilitated employees to give special assistance for an initial period.

c. Establish and maintain close personal contact with the employee. For example, you should greet them their first day back at work, go with them to their workplace and introduce them to the supervisor and their fellow workers.

d. Arrange for frequent counseling sessions with you, the medical unit, and the Vocational Rehabilitation Counselor, especially during the critical first 30 days.

e. In addition, some agencies arrange for a daily "therapy" session in the medical unit or elsewhere, even if not medically required. This allows the employee a chance to "check in" with someone to help ease the transition back to work. This session should be no longer than one hour in length and last for about 30 days.

f. Discuss the employee's future including the opportunity to compete for promotions. Hope is an important ingredient for the returning employee.

Relationships With Supervisors

Developing and maintaining effective working relationships with managers and supervisors is crucial to an effective compensation program. There are two areas that are especially important.

1. Establishing procedures and responsibilities.

2. Developing and conducting thorough training for all supervisors on a periodic basis.

1. Establishing Procedures and Responsibilities

It is necessary to get organizational approval for procedures to handle the compensation program. These procedures must cover the following:

a. Reporting the injury. In most agencies both the claimant and the supervisor are required to report an injury within 24 hours. Some agencies make the authorization of COP contingent upon the receipt of the CA-1.

b. Preparing the CA-1. It will be the supervisor's responsibility to complete CA-1 forms correctly and completely. Supervisors need to know what level of information to report on the CA-1.

c. Accounting for COP. Supervisors need to know the rules for timekeeping under COP and how these records are kept within the organization.

d. Controversion. Supervisors should be able to recognize unjustified claims when they encounter them. The procedures for dealing with these claims should be clearly described.

e. Light Duty and Rehabilitation Program. Supervisors need to understand how light duty and rehabilitation programs will operate and their responsibilities in making them work effectively.

2. Developing and Conducting Training for Supervisors

Once procedures have been established and approved, you are in a position to propose supervisory training in FECA. There may be managers who do not see any serious need for supervisory training. To convince them of the usefulness, the following points may be helpful:

a. Compensation forms are not being filled out correctly, hence delays in having claims processed.

b. Supervisors are not identifying claims that should be controverted. Their help here is critical.

c. Supervisors are not always reporting absences after injuries, so they are sometimes unjustified.

d. Supervisors' understanding and cooperation is necessary to maintain a successful light duty program for those who are partially disabled, but still able to work.

e. Supervisors' understanding and cooperation is necessary to get employees off the long term rolls.

In some agencies training on injury compensation is done as a part of the new supervisor's training. Whether conducted by itself or as part of a larger course, 1 1/2 to 2 hours is minimal. Some agencies have annual refresher courses as well. In a large organization it may be more beneficial to train the supervisors in one unit together. This offers the compensation specialist the opportunity to tour the facility and become more familiar with the type of equipment and the kinds of injuries common to that facility.

Offer assistance at any time to the supervisors in handling compensation claims.

Medical Relationships

Make a planned effort to reach out and develop effective working relationships with doctors and medical practices that treat claimants.

Some agencies experience recurring problems in dealing with physicians, medical practices, and hospitals. Some of the more frequent problems encountered are:

-- Physicians don't give clear work limitations on their medical reports because they don't know what the employee's work requirements are. Lacking this knowledge of the physical and environmental requirements of the job, they don't relate medical limitations to what the employee can do on the job. Consequently, if the employee is unable to perform the regular job, the physician holds the employee off work.

-- Physicians are unaware of the agency's light duty program.

-- The agency gets many calls from doctors offices regarding non-payment of medical bills by OWCP.

Target the practices

Once you have identified the recurring problems, the next step is to establish effective working relationships. If you work with a variety of doctors and medical practices, initially target those that meet the following criteria:

1. Medical practices with whom the workers' compensation office does a lot of business,

2. Medical practices that are comprised of from 4-6 doctors. With this size practice, there is a good chance of word getting around to other physicians in the practice and to their associates outside of the practice,

3. Medical practices that are not providing adequate medical reports, and possibly,

4. Medical practices that complain about OWCP not paying medical bills,

5. Medical practices that don't know about availability of light duty for injured employees.

In addition to targeting medical practices, there might be some hospitals in the area that meet all of the above criteria, except 2.

Set up a meeting

After identifying the practices to work with, the next step is to set up a meeting. Make sure that at least one of the physicians of the medical practice meets with you. Be sure to discuss light duty with the physician because it is essentially a medical problem. In setting up the meeting, it is important to cover the following points:

1. Call the medical practice to make an appointment with at least one doctor and the office manager.

2. If you know that they are having difficulty getting their bills paid by OWCP, a good opener is "I understand that you are having some problem with getting your medical bills paid by the Office of Workers' Compensation. Also we are not getting the kind of medical reports needed to process the claims effectively." When they validate that they're having problems with their bills, say "Maybe we can help you. We'd be very happy to work with you and OWCP in getting these bills paid. Have your bills that haven't been paid ready for us when we meet."

3. Tell them on the phone that you would also like an opportunity to discuss your light duty program with one of the physicians at the medical practice. You might also say "It appears that many of our employees who are treated by your physicians could do some type of light duty work." If the receptionist seems hesitant to schedule a physician for the meeting, let her know that light duty is really a medical problem.

4. In setting up the appointment with a hospital, meet with "Patient Accounts" and go through the same steps.

Who should attend the meeting

The person in your agency who who has direct experience with workers' compensation cases should attend the meeting. If you are a supervisor of a workers' compensation unit, take one of the compensation clerks with you who knows about the cases and the bills, and does the "hands on" work.

Conducting the meeting

In conducting the meeting with the office manager and one of the physicians, the following points may be helpful:

1. Be prepared to hear that some of the bills are two to three years old. This would be a good opportunity to say "give me those bills and I'll see if I can't help get them paid sooner for you".

2. Explain the FECA law and its benefits. State that the employee continues to receive his salary for the first 45 days of a work-related injury when he is totally temporarily disabled. Tell the physician that after the 45 days injured employees on compensation can receive as much as 75% of their gross pay tax free. With this benefit, there may be little incentive for the employee to return to work.

3. Explain the agency's light duty program to the physicians. Introduce the subject by saying "Before I review the bills with the office manager, I'd like to talk to you about our agency's light duty program that allows us to employ a good percentage of our injured workers." Say that "We have a number of administrative and clerical type jobs in which we place our medically restricted workers. That way, all but our totally disabled are able to remain productive while recovering from their injuries."

4. Prepare the way to get more adequate descriptions of work limitations. You might say "When one of our employees visits you, if you indicate what medical restrictions you want placed on him or her, we will find a light duty job to accommodate the restrictions." Be sure to assure the physician that this won't jeopardize the patient's recovery.

5. Explain the forms that you will provide. Say, "I will have the employee bring you at the time of his appointment, a CA-17 "Duty Status Report", on which you should indicate what the patient's medical restrictions are. I will also provide you with a copy of the employee's job description, along with the functional and environmental requirements of the job. If, upon your review, you find the employee perform the physical requirements of the job, annotate on the CA-17 what the restrictions are and the date of the next appointment. The employee is required to provide us with a CA-17 after each appointment. If you have any questions, you can call us."

6. Before ending the meeting, ask to see the unpaid bills. Often, a medical practice will send its medical bills directly to OWCP. In examining these bills, explain the reasons for the bills not being paid and the things that OWCP needs in order to be able to process the bills. Some of these requirements are:

   a. OWCP claim number. After OWCP assigns a claim number to a case, OWCP notifies the agency of the number. Each medical bill and piece of correspondence relating to that particular claim must contain this claim number.

   b. Correct spelling of the employee's name. Every piece of correspondence or medical bill must contain the exact correct spelling of the employee's name.

   c. Correct date of injury.

   d. A medical statement must accompany the medical bill. Medical documentation must support all medical services performed. The first visit must have a detailed medical statement that clearly indicates that the injury was work-related and must include diagnosis and prognosis (any follow up treatment). Each bill must show:

      1) medical status related to treatment/services provided
      2) the date of service
      3) the cost of the service
      4) the name of the attending physician
      5) a full description of the service performed
      6) medical status of the claimant
      7) a diagnosis, and
      8) the results of any tests performed.

7. Give the office manager a supply of the AMA health insurance claim forms. Explain that "OWCP will accept them because they conform to AMA guidelines. Tell them that if they are thorough when they fill out these forms, they shouldn't have any trouble in getting the bills paid.

8. Request that future bills come through the agency's compensation office. Say "In fact, if you will send your bills directly to us, we will review them for omissions and deficiencies. If there are any, we'll advise you immediately, and it can be fixed before the bill is sent to OWCP. We will put on the OWCP case number and make sure that all the other items are correct before we forward it to OWCP." Tell them that the agency will try to expedite payment by following up with OWCP. Tell the physicians "If I have the information, I have complete records and can follow up".

9. Stress that they should call if they have questions or problems. For example, while if a patient with a temporary partial disability is in the doctor's office, call the agency to see if it can place this person.

10. Tell the physician that the patient has access to his own file and medical reports under the Freedom of Information Act. (More about this in the next section.)

11. Get permission to call the doctor whenever you have a question about some case or wish to discuss it with him/her in the future.

12. Take the unpaid bills and offer to correct them and submit them to OWCP for the medical practice.

13. In this meeting, the doctor might bring up a specific case, but the compensation specialist would not.

14. Give the medical practice your business card. This is important for further conveying a professional image to the medical practice.

READEX FICHE best copy available

Problems/objections to expect

Some physicians may be reluctant to work closely with the agency compensation office. In knowing some of the concerns behind their reluctance, you will be better equipped to respond to objections you may get. Some of the most frequent are:

1. A universal concern that the compensation specialist understand that the doctor must respect what the patient says. The agency might say "We aren't trying to intrude - we want to make sure that the physician knows that there is work available - our motive is to get our employee back to work as soon as possible."

2. Physicians have encountered problems with patients seeing their medical files. In the past, sometimes doctors had written things in the medical reports that they didn't want their patients to see. The reports went to OWCP and the patients saw them. The patients would get upset and the doctors would loose their patients. As a consequence, the physicians would take a conservative course of not writing enough information in their reports. Inform the doctors that the patients have a right to see their medical files under the Freedom of Information Act, so the doctors will be prepared to write objective statements that will not hurt the patients. But they have to be explicit about the injuries in order to get their bills paid by OWCP. In situations where a doctor can't find reasons for pain, he will refer the employee to a specialist. If the specialist reports that there is no reason for the pain, then the employee has to go back to work.

3. A concern for the compensation office to respect medical judgement. Assure the physicians that the agency won't intrude on this. Make sure that:

   a. Treatment is causally related to the injury.

   b. Medical statements must show relationship to injury.

   c. Doctor's prognosis includes planned treatments and length of recovery.

d. Where a person's overall condition is partially caused by work-related injury and partially by another condition, the doctor distinguishes between them. For example if a back injury is the work-related injury, separate it out from diabetes and high blood pressure so it will be monetarily compensated correctly.

NOTE: For those agencies who don't have staff resources to be able to spend time away from the office to conduct these meetings, the above steps can be modified to accomplish the objectives by telephone.

Selecting Physicians For Referral

Choice of a physician is up to the claimant. However, some claimants do not already have a family physician or know what doctor to see. Having a resource list for injured claimants to consult when they report to the compensation office is very helpful. To get this list ready, you need to spend a little time and research. There are a number of ways to identify these resources for referral:

1. Select physicians and medical specialists who have a track record for providing the necessary level of information and service.

2. Select physicians who are located within reasonable traveling distance from the work facility(ies).

3. Select doctors who will deal with workers compensation cases.

4. Identify doctors in a variety of specialties.

5. Use the Physician's Referral Service in your area for getting names. Call the selected doctors and make an appointment to explain your program.

OWCP Relationships

It is nearly impossible to run an effective compensation program in a facility without having established effective working relationships with OWCP's District Office staff.

Two main purposes for establishing and maintaining this relationship are:

1. To facilitate case handling, bill paying, review of old cases and procuring a charge back listing for your facility.

2. To resolve operating problems such as lost or misplaced claims, communicating with claims examiners on a case by case basis, and establishing special projects.

Following is a brief description of the process one facility uses to set up effective working relationships with the District Office:

1. Contact the OWCP head at the Regional Office (the title is Assistant Regional Administrator for OWCP). The District Director could be contacted directly.

2. Request a meeting with the District Office Management to:

   a. Solve communication problems.

   b. Resolve other difficulties.

   c. Have a half day walk through of the OWCP facility.

3. At this meeting ask for an explanation of the district office organization and an organization chart. Inquire about the process of claims handling, controversion, bill paying and periodic roll review and examine it to identify the bottlenecks. This may result in revising the way of doing case processing so that it better facilitates the handling of cases.

4. If you have been unable to get a chargeback listing from your agency, then at this meeting arrange to get a chargeback listing for your facility if possible.

5. Ask for an arrangement that will allow you to update your case files.

6. Invite the District Director and other supervisors to visit your facility. If they accept, prepare an orientation that includes:

   a. A general orientation to your organization,

   b. A tour of the facility to acquaint them with the type of work done, equipment involved and common injuries,

   c. A view of the compensation office and the procedures that are followed, and

   d. A working session in which you attempt to resolve specific problems.

7. Get permission to contact the District Director or ARA directly if there are serious problems.

8. If working relationships improve, be sure to write thank you notes to the appropriate managers.

Appendix

The following section is a compendium of forms, letters and memos used by various federal agency compensation specialists. It has been organized by subject matter and is provided for your use and adaptation to your program.

APPENDIX

SAMPLE LETTERS, MEMOS AND FORMS

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Form letter sent to doctor providing information concerning billing of medical services rendered A-7

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Request for OWCP claim status A-9

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Notification to claimant of controversion - form letter B-1

C. Payroll Adjustments

Memo notifying claimant's supervisor that OWCP has denied claim and that adjustment of leave must be made C-1

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continued

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D. Light Duty

Limited Duty Procedures D-1

Limited Duty Job Bank D-2

Instructions to treating physician regarding completion of CA-16 and CA-17 - advising that the agency will provide light duty assignments for the employee D-3

Memo used to inform all supervisors of the limited duty program D-4

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Form letter informing claimant of job offer (shows acceptance or rejection of offer by claimant) E-1

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OWCP General Checklist for an OD case F-1

OWCP Checklist for Hearing Loss F-2

OWCP Checklist for Asbestos-Related Illness F-3

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OWCP Checklist for Skin Disease F-5

OWCP Checklist for Pulmonary Illness F-6

OWCP Checklist for Psychiatric Illness F-7

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INSTRUCTIONS FOR COMPLETION OF FORM CA-1

Item 9 - Please indicate the date and time that this injury occurred. If the exact time cannot be recalled, the AM or PM block should be checked, and the date should be shown. The date in this block should match item 27 on the reverse of the form.

Item 16 - If the employee wants traumatic injury leave, he or she should check block b. even if the employee's supervisor has advised the employee that he or she must use their leave until continuation of pay is approved.

Item 17 - If there was no witness, "no witness" or "N/A" should be placed in this space.

Item 23 - The Office of Workers' Compensation Programs (OWCP) will send all correspondence regarding this claim to the reporting office, not the supervisor, as well as the home of the employee.

Item 29 - If the employee stopped work as a result of his/her injury, a date and hour must be reported in this space. If the employee returned to work the same day he/she stopped work, this space should read "N/A". If it is discovered that the employee went off duty at a later date (after the CA-1 has already been forwarded to OWCP), please contact the compensation specialist and provide this information.

Item 31 - If the employee stopped work on the day of the injury, this date would be the day following the day of the injury. If the employee stopped work on a subsequent day, this date would be the date the employee stopped work. Continuation of pay for a 45-day period begins the first date of disability following the date of injury.

Item 39 - If a physician other than an agency physician provided medical care, please indicate the name and address of that physician, rather than the name and address of the agency physician.

Item 40 - This item must be filled in, either "no" or "yes". If this information is not known, it must be determined prior to submission of the form to OWCP.

Item 42 - Should normally be NO unless there is reason to question the validity of the claim.

NOTE: Upon completion of items #21-27, the official superior should complete the "Receipt of Notice of Injury" at the bottom of form CA-1, detach and give it to the employee.

Office of Personnel
and Labor Relations

Washington DC 20420

Veterans
Administration

In Reply Refer To: (055C)

U.S. Department of Labor
Office of Workers Compensation Programs
666 11th Street, N.W.
Washington, D.C. 20211

ATTN: Claims Examiner

The information checked below is submitted for:

_____

Date of injury: _____ Claim Number: _____

_____CA-1 _____CA-2 _____CA-3 _____CA-7

_____CA-8 _____CA-16 _____CA-17 _____CA-20

_____CA-20a

_____CA-1500a

_____Other:

PLEASE NOTE: _____

_____

_____

_____

_____

Sincerely,

NORA E. EGAN
Director, Central Office
Personnel Service (055)

QUESTIONS: Contact Janet Pond 389-310

Medical Center

50 Irving Street, NW.
Washington D.C. 20422

Veterans Administration

In Reply Refer To: 688/05

_____, an employee of this Medical Center, sustained a job-related injury on _____, while in an official duty status for _____ Service.

Since the injury occurred while the employee was working, a claim is being filed with the Office of Workers' Compensation Program (OWCP), U S Department of Labor. _____ has selected you to provide medical treatment during the period of disability.

Before the adjudication of the claim can be made, OWCP must have all medical information relating to this case: therefore, it is requested that you complete the enclosed forms CA-16, CA-17, and OWCP-1500a and return to me in the enclosed self-addressed envelope. Also, please forward to me any future medical reports and bills for processing by the Department of Labor.

Thank you for your time and cooperation. If I can be of any assistance, please phone me on 745-8202 or 745-8104.

Sincerely,

LULA R. TYLER
Employee Relations/Development Specialist

Enclosures: (4)

Veterans Administration

Memorandum

Date:

To: Chief, CO Finance Division (047B24)

From: Director, Central Office Personnel Service (055C)

Subj: Continuation of Pay for

1. The above named employee sustained a disabling, job-related, traumatic injury on _____. Medical reports indicate the employee was disabled for duty, or received medical care, as a result of this injury during the time period(s) indicated below:

Date	Number of Days COP

2. In accordance with PL 93-416, continuation of pay is approved for the period(s) indicated above. The 45 days used for continuation of pay purposes are interpreted as calendar days. (FPM Chapter 810, Subchapter 3-2a(7).)

3. The employee's absence on _____, the date of the injury, should be excused without charge to leave, per MP-5, Part I, Chapter 630, paragraph 21f(4).

NORA E. EGAN

cc:
Timekeeper ( )

VA FORM 2105
MAY 1983
☆ U.S. GOVERNMENT PRINTING OFFICE: 1984-421-488/0348

FOR CLAIMANT

INSTRUCTION AND INFORMATION SHEET FOR OCCUPATIONAL INJURIES/ILLNESSES

1. You are entitled to the use of Federal medical facilities and physicians, but may elect to utilize the services of the hospital and physician of your choice. The supplemental data form you signed indicates this choice of attending physician. Once you elect a treating physician you may not change that physician without prior approval by the Office of Workers' Compensation Programs (OWCP). If your treating physician refers you to another physician for the treatment of your job-related injury, this prior approval is not necessary. If you have any questions regarding this, contact your claims clerk.

2. If you elect or are referred to a private medical doctor, present the envelope provided by the claim clerk to your physician. This envelope contains the doctor's authorization for initial treatment along with the forms the doctor must complete in order to process your claim.

3. Following each doctor visit:

a. If you are unable to work as a result of your job-related injury, YOU MUST CONTACT THE COMPENSATON OFFICE, CODE 165.1, at 396-7886 and inform your claims clerk. YOU MUST also call your SUPERVISOR to inform that you are unable to work!

b. If your doctor directs you to return to work or places you in a restricted or light duty capacity, you must report, in person, to the Compensation Branch, Code 165.1. You must have a written statement from your doctor outlining your working capacity and/or physical limitations. The Duty Status Report, CA-17, is used for this purpose.

4. You must report for all scheduled doctor's visits. All absences from work due to your job-related injury, must be covered by medical evidence.

5. Any surgery, other than emergency surgery, and medical equipment (i.e. Tens Unit, lumbosacral Corset), requires prior approval from OWCP.

6. If you suffer a job-related "Traumatic Injury" and meet certain criteria, you are entitled to a continuation of regular pay for the period(s) of disability, not to exceed 45 days. Please note that a day or portion of a day spent in a light duty job within the first 45 days of disability following an injury shall be counted as one day of COP. Any additional time lost beyond the initial 45 COP days will be reimbursable by compensation. Beyond the initial 45 days, you may elect either of the following:
a) to use your own sick or annual leave and file for leave buy-back after you return to work or exhaust your leave balance (Note: you may request advance sick leave from your shop/code); or

b) to use leave without pay and file for compensation.

Please note, however, that compensation is not 100%. The rate of compensation paid is 75%, if you are married, or 66 2/3% if you are single. Leave buybacks require that you pay that portion which is not reimbursable by compensation.

7. If you are unable to work as a result of an "Occupational Disease", which is an employment-related disease or condition, you are not entitled to a continuation of pay, but, you are entitled to the same compensation benefits as you would be for a traumatic injury.

8. IT IS YOUR RESPONSIBILITY to keep your supervisor advised at all times of your work availability or non-availability.

9. _____, Compensation Clerk, will be handling your case. If you need any assistance please do not hesitate to contact him/her at 396-7886.

10. Please read carefully, sign below, and retain a copy of these instructions for your records. You are responsible for the contents of this instruction sheet.

Employee's signature	Todays Date	Check No.	Date of Injury

CASE LOG

NAME:	CHECK NO:	DATE OF INJURY:	TYPE OF INJURY:	CLAIM NO:
ADDRESS:		SSN:	DOB:	OCCUPATION:
DATE OF INJURY/ILLNESS REPORTED:		DATE REC'D IN CODE 165:	DATE FWD TO CODE ~~165~~ OWCP:	STATUS ☐ PENDING ☐ DISAPPROVED ☐ APPROVED
CONTROVERSION COP ONLY ☐ CLAIM ☐ REASON:		SUPERVISOR'S CONCURRENCE OF INJURY YES ☐ NO ☐	PERMANENT RESTRICTIONS:	HEALTH BENEFITS TRANSFERRED & DATE

PERIOD OF LIGHT DUTY COUNTED TOWARDS COP:

CONTINUATION OF PAY-45 DAYS

COP BEGINS: ENDS: RTW:
OUT AGAIN: ENDS: RTW:
OUT AGAIN: ENDS: RTW:
OUT AGAIN: ENDS: RTW:

COMPENSATION

LV. STATUS
OUT AGAIN: RTW:
OUT AGAIN: RTW:
OUT AGAIN: RTW:
OUT AGAIN: RTW:

CLAIM FORM	DATE TO EMPLOYEE	REC'D C-165	FWD TO OWCP	PERIOD COVERED	PERIOD PAID FOR	AMOUNT	DATE REC'D C-165

NAME	CHECK NO:	DOI:	END OF 1 YEAR LWOP

COMPENSATION CASE HISTORY
NNSY 12810/8 (9-83)

NAME	CHECK NO:	DOI:	CLAIM NO:

ELECTED PHYSICIAN:

TIME LOST		MEDICAL COV.		DATES OF	LEAVE SLIP		BILLS FOR	REMARKS	CLAIM FILED		REMARKS
FROM	TO	FROM	TO	TREATMENT	FROM	TO	TREATMENT REC'D		FROM	TO	

A-6a

DEPARTMENT OF THE NAVY
NORFOLK NAVAL SHIPYARD
PORTSMOUTH, VIRGINIA 23709

NY6/12810(165)

Dear Dr.

This office has received your bill(s) for services rendered _____, on _____. This bill has been forwarded to the Office of Workers' Compensation Programs (OWCP).

For your information, we have been informed by OWCP that they process medical bills only if they have in their receipt a medical report covering the results of that examination and/or treatment. Since this employee's case file does not contain such current medical report, I have enclosed for your action an Attending Physician's Report (Form CA-20) for you to complete and forward to OWCP in the envelope provided. If you desire, you may submit your report on your own form.

You are requested to provide us a copy of this and any other medical report you submit to OWCP, in order that we may maintain a complete case file on this employee. Our receipt of these reports is especially important in the instances of the availability of the employee to perform light duty. Our mailing address is Compensation Branch, Code 165.1, Employee Services Division, Norfolk Naval Shipyard, Portsmouth, Virginia 23709.

On future bills sent this office, it is requested that you have attached your medical report. This will reduce the processing delays on your bill, caused by the information being received by OWCP on a piecemeal basis.

If we can be of any assistance in this matter, don't hesitate in contacting us at 393-7886.

Sincerely,

Compensation Clerk

Enclosure:
Form CA-20

SUPERVISORY RESPONSIBILITIES - JOB-RELATED INJURIES

In order to provide a uniform approach to managing the provisions of the Federal Employees' Compensation Act and to ensure that the rights of both employees and management are fully realized, the following guidelines will be implemented at the Baltimore Post Office and will become effective upon receipt.

The Injury Compensation Unit located at the Main Post Office will be designated as the Control Office. The Medical Unit will be the Control Point and the Tour Superintendent's Office will be the alternate Control Point when the Medical Unit is closed.

The three basic responsibilities of the immediate supervisor in job-related injury claims are: implementing appropriate medical care, completion of required claim forms, and adherence to time-keeping requirements. Procedures for complying with these responsibilities are outlined below.

I. Ensure Appropriate Medical Care

A. Emergency

1. In all emergency situations, contact the Medical Unit immediately, who will arrange transportation of the injured worker to the closest hospital.

2. The Medical Unit will provide the injured worker/transporter with the appropriate medical forms and advise them that they must contact the Medical Unit immediately following the care indicating their duty status, i.e., fit for regular duty, fit for limited duty or not fit for duty.

3. If the Medical Unit is closed, the immediate supervisor will coordinate appropriate medical care through the Tour Superintendent's Office.

4. It will be the responsibility of the Tour Superintendent's Office to issue appropriate medical forms, to determine the employee's duty status and to provide the Injury Compensation Unit with the required notification.

5. Supervisors are not authorized to issue Form CA-16. This form will be issued by the Injury Compensation Unit only after notification by either the Medical Unit or the Tour Superintendent's Office that medical care was required.

B. Non-Emergency

1. Employees requesting medical care for job-related injuries must receive authorization from our Medical Unit.

2. All employees will be directed to the Medical Unit where either treatment will be provided or an appointment made with the physician of their choice.

3. When possible, please contact the Medical Unit prior to sending the injured worker there for care. Also, all employees must be given a PS Form 3956.

4. If the Medical Unit is closed, contact the Tour Superintendent's Office for authorization.

5. When possible, injured workers will be interviewed in the Injury Compensation Unit concerning their rights and responsibilities under the Federal Employees' Compensation Act.

II. Claims Processing

A. Based on information provided by the employee, identify the type of claim and make the appropriate claim form available to the employee.

B. In traumatic injury claims, advise employees of their right to continuation-of-pay benefits, provided they are totally disabled.

C. Advise employees, it is their responsibility to keep the Postal Service apprised of their duty status and to return to productive work at the earliest possible date.

D. Accept employee's completed claim form and review for accuracy. All items must be completed on the claim form, including in traumatic cases, an election in Block #16. All claim forms must be completed in ink or typewritten.

E. Supervisor completes receipt and gives to employee.

F. Complete supervisory portion and forward original claim form to the Injury Compensation Unit within two working days of completion by employee.

G. Submit any recommendations for controversion along with documentation to Injury Compensation Unit for review.

III. Timekeeping

A. Employees must be advised that if after receiving medical care they are:

Fit for Regular Duty

1. They must return to the Medical Unit/worksite if they can do so prior to expiration of tour.

2. If tour has expired, they should report to the Medical Unit/worksite on next scheduled workday.

Clearance through Medical Unit is not mandatory; however, employees must have certification from the treating physician indicating they are fit for regular duty.

Fit for Limited Duty

If tour of duty has not expired, direct to Medical Unit where placement will be coordinated with the Injury Compensation Unit.

If tour of duty has expired, employees must contact the Medical Unit to receive information concerning their limited duty assignment. Normally, this assignment will commence on their next scheduled workday at their regular reporting time.

Not Fit for Duty

Contact supervisor and advise duty status.

B. Employees excused from work because of a job-related traumatic injury incurred during the tour should be granted administrative leave, not continuation of pay, for the balance of the tour. Time spent waiting for and receiving medical care should be considered work-hours. Timekeepers should subtract the total number of hours worked during the tour from the number scheduled and charge the difference to administrative leave.

C. Time spent in the Medical Unit waiting for and receiving medical care during an employee's scheduled tour of duty is charged to workhours.

D. Time spent travelling and receiving medical care from an "outside" physician on any day other than the day of injury is charged to COP, provided Form CA-1 is on file, and the employee provides substantiation of the actual time spent receiving the care.

E. No time is authorized for medical care received outside the hours of the scheduled tour.

F. Time spent on limited duty is charged to MODS Operation 959.

G. Form 3956 will be used to coordinate timekeeping entries.

H. COP should only be input after written authorization is received from Injury Compensation Unit. Contact the Injury Compensation Unit if approval has not been received prior to deadline for timely input.

I. PS Form 3971 must be on file for all periods of COP.

J. Advise Injury Compensation Unit of the number of hours worked during the service week of an injured part-time flexible to preclude the payment of overtime either in the form of COP or limited duty workhours.

K. Notify Injury Compensation Unit via buckslip of date and hour employee returns to duty.

L. Occasionally, it is necessary to change our employee's basic workweek. Injury Compensation Unit will make this decision and advise the supervisor accordingly. Please input these changes as directed. They are made to reduce COP liability.

EXHIBIT 3-27

U.S. Postal Service

REQUEST—OWCP CLAIM STATUS

OWCP File No.

Section A.

To:

Office of Workers Compensation Programs

U.S. Department of Labor

_____

_____

Instructions

A. Postmaster: Enter File No. and complete Sec. A. Check request boxes in Sec. B. as needed (1-5). Forward to OWCP District Office in duplicate.

B. OWCP Office: The employee below has filed a claim with you. Please help us determine this claimant's status by completing Sec. B as checked (1-5). Sign, date, and return copy to Requester.

Requester

Name: _____

Address: _____

_____

Date: _____

Claimant

Name: _____

Work Address: _____

_____

Date Injured: _____

Section B.

This information is confidential and is used only for official Postal Service purposes.

1. ☐ Claim for Benefits is:
   - ☐ a. Accepted (Date) _____
   - ☐ b. Rejected (Date) _____
   - ☐ c. Pending

2. ☐ Employee is Currently Receiving Compensation:
   - ☐ a. Yes (Complete Item 3.)
   - ☐ b. No

3. ☐ Type/Amount of Payment:
   - ☐ a. Temporary Total Disability of $_____ per _____.
   - ☐ b. Permanent Total Disability of $_____ per _____.
   - ☐ c. Loss of Wage Earning Capacity of $_____ per _____.
   - ☐ d. Scheduled Award of $_____ per _____.

   Terminates (Date) _____

4. ☐ Last Medical Examination (Date): _____ (Attach Copy)

5. ☐ Other *(Specify)*: _____

Signature & Title (OWCP Officer)

Date

PS Form 2573 June 1982

Exhibit 3-27

EL-505

NOTIFICATION TO CLAIMANT OF CONTROVERSION

Dear

Your claim for continuation of pay (COP) resulting from your reported injury of _____, has been controverted (contested) by the shipyard for the following reason(s):

- ☐ Your disability results from an occupational disease or illness.
- ☐ The injury was not reported on Form CA-1 within 30 calendar days following the injury.
- ☐ Work stoppage first occurred six months or more following the injury.
- ☐ You initially reported this injury after your employment had been terminated.
- ☐ Your injury occurred off the shipyard premises and you were not involved in official "off premises" duty.
- ☐ Your injury was caused by your willful misconduct, intent to bring about the injury or death of yourself or another person, or the injury was caused by your intoxication.
- ☐ Other: _____

_____

Continuation of Pay (COP) _____ authorized. This decision is subject to the review and approval of the office of Workers' Compensation Programs. If Continuation of Pay (COP) is not authorized, you may be eligible to file a claim for compensation due to wage loss.

For additional information or clarification, please contact _____ of the Employee Services Division (Code 165), Compensation Branch at 396-7886.

Sincerely,

ELRD:ICU:PAQ:msm January 18, 1983

Wayne D. Wright

Postmaster
U. S. Postal Service
Phoenix, MD 21131

Reference is made to the July 9, 1981 injury compensation claim of your employee, Mr. Wayne D. Wright.

Please be advised that the Office of Workers' Compensation Programs has denied Mr. Wright's claim. Enclosed find a copy of the compensation order, rejection of claim.

As you know, Mr. Wright was authorized 45 calendar days continuation-of-pay (COP) for the period July 10, 1981 through August 31, 1981. Since his claim has been rejected, he is not entitled to COP benefits. You must, therefore, prepare Form 2240 to change COP to sick, annual, and/or leave without pay.

Inasmuch as this matter represents a substantial monetary savings to the Postal Service, I would appreciate if you would send me a copy of the Forms 2240 for my records.

For your convenience, a self-addressed return envelope is provided.

Thank you for your attention to this matter.

Patricia A. Quick
Injury Compensation Supervisor

Enclosures

U. S. POSTAL SERVICE
Limited Duty Procedures

1. Advise control point personnel it is their responsibility under the FECA to provide the injured worker with limited duty. Limited duty is cost effective, is therapeutic for the injured worker and therefore, is in the best interest of the Postal Service.

2. Control Point Supervisor should immediately determine the employee's duty status. If not fit for duty, contact Medical Unit for review and possible consultation with treating physician. Monitor duty status until employee is fit for limited duty.

3. When employee is fit for limited duty, he must present specific physical limitations. Statements such as fit for light duty are not acceptable. Questions concerning physical limitations should be directed to Medical Unit. (If Medical Unit is not available, control point supervisor should contact physician.)

4. Identify work within the agency that can be classified as limited duty. It should be tasks which require little or no training with minimal physical requirements. Clerical duties, repetitive tasks such as xeroxing, hand stamping, sorting/filing are good examples.

5. Formally assign the employee to limited duty. This requires a written presentation of a job offer. The offer should include the effective date, the assignment, off days, reporting time and physical requirements of the job. The employee should sign accepting or declining the job. This document is eventually submitted to OWCP to demonstrate that a bona fide job offer was made.

6. To avoid employee hardship, the limited duty assignment should be as close to the employee's regular tour, basic work week, and work location as possible. Employees on limited duty will be paid their regular salary.

7. Limited duty is intended to be temporary. The employee should be reevaluated by the treating physician every two weeks. The employee must be given a CA-17 so that his medical restrictions can be updated. Efforts to accommodate the employee in more arduous limited duty should be attempted at the time of each re-evaluation. Employees on limited duty in excess of six months must be scheduled for a fitness for duty examination by the Postal Office Medical Officer.

LIGHT DUTY TASKS
GRADUATED RESTRICTIONS

1) Sedentary - Sit down, backrest, ability to elevate, use swivel chair

Types of Injuries:
Most severely disabled employees - severe low back/neck injuries, broken legs, knees which require elevation

Restrictions:
- No reaching
- No twisting
- No lifting
- No weight bearing
- No push/pull carry

Duties:
- Answering telephones
- Clerical duties performed at a desk such as alphabetizing in sequential order, labeling, hand stamping (return address), record keeping activities, assembling form sets, receptionist
- Utilization of injured employee's skills such as typing
- Rewrapping damaged mail

2) Sit down - backrest

Types of Injuries:
- Recovering low back/neck injuries
- Severe injuries not requiring elevation
- Resolving strains/sprains

Restrictions:
.Can do some reaching and twisting
.No weight bearing
.No lifting, pushing/pulling

Duties:
- Filing mail by zip code in a shoulder level case. Straight back chair with armrests provided. Mail delivered and removed from cart so lifting or carrying not required
- Clerical work at a desk in public view.
- Answering phones in a customer information area.

LIGHT DUTY TASKS
GRADUATED RESTRICTIONS
(continued)

3) Partial weight bearing

Types of Injuries:
.Recovering back, knee leg, neck injuries
.Minor sprains/strains
.Muscle spasms

Restrictions:
.Can reach/twist
.Some standing/walking
.Ability to sit as necessary
.Can lift up to 20 pounds

Duties:
.Mail filer - use a backless stool
.Supply room inventory
.File clerk

4. Full weight bearing

Types of Injuries:
.Broken arms
.Hand injuries

Restrictions:
.Partial lifting
.Limited or no use of one arm

Duties:
.Stand and xerox copies
.Mimeograph
.Supply room inventory

LIMITED DUTY JOB BANK

Sedentary
- .Sit down
- .Back rest
- .Elevation

Assignment	Tour	Off days	Available Positions	
Training Center:				
Tr 1	12:00 a.m.- 8:30 a.m.	Sat/Sun	2	Quick/Smith
Tr 2	8:30 a.m.- 5:00 p.m.	Sat/Sun	3	Allen/Jones/Johnson
Tr 3	3:30 p.m.-12:00 a.m.	Sat/Sun	2	
Personnel:				
Tr 1	8:00 a.m.- 4:30 p.m.	Sat/Sun	4	
Mail rewrap:				
Tr 1	10:30 - 6:00 a.m.			

Sit down
- .Swivel
- .Back rest
- .No elevation
- .Closed toe shoes

Operation 110:	
Tr 1	
Tr 2	
Tr 3	

LIMITED DUTY LOG

Name/ Pay Location	Date of Injury	Date of Initial	Current Assignment and Date (this column to be penciled in, erased & updated)	Tentative Termination Date (6 mos)	Current Status and Date
P. Quick carrier-Walbrook	1/1/84	1/1/84	Primary 1/1/84	7/1/84	1/8/84 - fit for regular duty
"	1/10/84	1/20/84	Primary 3/2/84	7/10/84	3/16/84 - medical re-eval.
"	2/6/84	2/6/84	answering phones 2/6/84	8/6/84	4/20/84 - medical re-eval.

INSTRUCTIONS TO TREATING PHYSICIAN

Dear Dr.

The Norfolk Naval Shipyard employee named below has selected you as his/her attending physician for treatment required as a result of a reported occupational injury.

Name:
Job Title:
Date of Injury:

Check Number:
Appointment:
Type of Injury:

The attached Form CA-16 authorizes you to examine and provide the necessary treatment to this employee for the injury described (enclosure 1).

Your report of services rendered should be made by completing Part B of Form CA-16. Your claim for services must be presented on the enclosed AMA Health Insurance Claim Form (enclosure 2). Completed medical reports and claims for services should be forwarded to the Compensation Branch, Code 165.1, Norfolk Naval Shipyard, Portsmouth, VA 23709, in the enclosed envelope. Please be sure all information submitted to us have employee's check number which is listed above.

Please be advised that this Shipyard will provide light duty assignments for the employee. Such work assignments will be in accordance with your medical judgement as to the extent the employee may physically perform any type of productive work. Please complete the enclosed CA-17 (or CA-28, if appropriate) in order that we may establish work assignments within the employee's physical limitations (enclosure 3).

Should you decide that the employee is totally incapacitated for any type of employment as a result of this injury, he or she should be scheduled for necessary follow-up evaluations/treatments. Any changes in the medical condition of the employee which results in a change of medical restrictions or availability for work requires completion of a new CA-17.

The Compensation Clerk handling this case file, _____ is available to assist you in this matter. She/he can be reached at 396-7886.

LIGHT DUTY IS AVAILABLE

U.S. DEPARTMENT OF LABOR
Employment Standards Administration
Office of Workers' Compensation Programs (OWCP)

DUTY STATUS REPORT

PART A – SUPERVISOR

1. NAME AND ADDRESS OF THE MEDICAL FACILITY AUTHORIZED TO PROVIDE MEDICAL SERVICES

2. EMPLOYEE'S NAME *(Last, first, middle)*	3. DATE OF INJURY *(Mo., day, year)*	4. OCCUPATION	5. SOCIAL SECURITY NUMBER

6. DESCRIBE HOW THE INJURY OCCURRED AND PARTS OF THE BODY AFFECTED.

7. DESCRIPTION OF REGULAR WORK INCLUDING PHYSICAL REQUIREMENTS

a. EXPOSURE *(Check applicable exposure and fill in number of hours of exposure each work day)*

HEAT _____ COLD _____ NOISE _____ DUST _____

FUMES _____ STRESS _____ OTHER _____

b. PHYSICAL REQUIREMENTS OF REGULAR WORK

Frequency *(Provide frequency, i.e., number of times or hours per day, in appropriate box).*

	LITTLE OR NONE	MODERATE	OFTEN
SEDENTARY – LIFTING 0 to 10 POUNDS			
LIGHT – LIFTING 10 to 20 POUNDS			
MODERATE – LIFTING 20 to 50 POUNDS			
HEAVY – LIFTING 50 to 100 POUNDS			
PULLING/PUSHING, CARRYING			
REACHING OR WORKING ABOVE SHOULDER			
WALKING (HOURS)			
STANDING (HOURS)			
SITTING (HOURS)			
STOOPING (HOURS)			
KNEELING (HOURS)			
REPEATED BENDING (HOURS)			
CLIMBING (HOURS)			
OPERATING A MOTOR VEHICLE, CRANE, TRACTOR, ETC.			
OTHER:			

8. SEND A COPY OF THIS REPORT TO:

U.S. DEPARTMENT OF LABOR
Employment Standards Administration
Office of Workers' Compensation Programs

9. NAME AND ADDRESS OF EMPLOYING AGENCY, WHICH IS TO RECEIVE THE ORIGINAL REPORT.

INSTRUCTIONS FOR COMPLETION AND SUBMISSION OF DUTY STATUS REPORT

SUPERVISOR: Complete Part A. The form should then be referred to the attending physician for completion of Part B.

ATTENDING PHYSICIAN: Complete Part B. The original form should be returned to the employing agency (as shown in item 9). To prevent interruption in the continuation of the employee's pay, the completed form should be returned to the employing agency within two days following examination and/or treatment. A copy of the form should also be sent to the OWCP (as shown in item 8).

Form CA-1
Rev. July

U. S. POSTAL SERVICE

MEMO TO: All Supervisors

SUBJECT: Limited Duty Program to Get Employees Back to Work ASAP

Recently the Postal Service developed an aggressive limited duty program for employees injured on the job. This Program was established in accordance with the FECA which requires that the Employing Agency must make every effort to accommodate employees with temporary or permanent disabilities incurred as a result of a job related injury

This program is also beneficial from a cost standpoint. The early return of injured workers to modified assignments greatly reduces continuation of pay costs. Furthermore it turns an employee who was a cost liability into a productive Postal employee. As an incentive to supervisors utilizing limited duty employees, the work hours for these individuals will not be charged against your budgeted hours nor will they adversely affect your productivity.

Finally, the limited duty program is a demonstration to both the employee and the OWCP of our genuine concern for the welfare and rehabilitation of employees injured on duty.

In the near future our Injury Compensation Supervisor will be visiting the various installations to discuss limited duty with you. Each supervisor should analyze their operation for potential limited duty assignments and be prepared to discuss them with Ms. _____.

The cooperation of all supervisors in this important endeavor is expected and appreciated.

Postmaster

September 28, 1982

Re-employment Offer

570 Wilson Street
Baltimore, Maryland 21217

Dear

A review of your previous work history and the results of your pre-employment physical examination has been positive. We are offering you the following position:

Distribution Clerk, Full Time	5	12	$25,778
TITLE	GRADE	STEP	SALARY

Baltimore	1450-2300	Saturday/Sunday
POST OFFICE	TIME	OFF DAYS

All assigned duties will be in strict compliance with your medical work restrictions.

If you refuse to accept this position, your compensation may be suspended, terminated or reduced by the Office of Workers' Compensation Programs.

Sincerely,

I accept your position offer:

_____
DATE

SC Manager/Postmaster
Baltimore, Md. 21233

I reject your positionoffer:

_____
DATE

Evidence Required in Support of A Claim for Occupational Disease

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	✓
1. Give a detailed description of factors of employment believed responsible for condition. Be specific as to the duration and nature of the factors: for instance weights carried, distances walked, chemicals used, or other relevant job factors.	
2. Give the history of the condition from first awareness of the problem. Include description of all home treatment and professional care as well as symptoms.	
3. Describe any prior similar problem, with dates of onset, history, medical care received, and copies of the medical records of your treatment.	
4. Attach or forward a medical report from your physician to include the following items: a. Dates of examination and treatment. b. History given by you. c. Detailed description of findings. d. Results of all diagnostic tests. e. Diagnosis. f. The clinical course of treatment followed. g. Doctor's opinion, with reasons for such opinion, as to the relationship between any condition you may now have and the factors of employment identified in Item no. 1 above.	

FROM EMPLOYING AGENCY	✓
5. Review and comment on employee's statement provided in response to Item no. 1.	
6. If employee's job differs from official description, describe exactly his/her duties.	
7. Give a day-by-day listing of leave and leave without pay used due to this condition.	
8. Attach copies of the employee's: a. SF-171, Application for Employment. b. Position description with physical requirements. c. Pertinent dispensary records. d. Most recent SF-50, Notification of Personnel Action.	

FECA Bulletin No. 85-33 -- Attachment 1

Form CA-35A

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

Diseases and illnesses which occur during or after Federal employment are not automatically covered by the Federal Employees' Compensation Act. You must provide factual and medical evidence to establish that conditions of employment caused or aggravated the disease or illness.

The Office of Workers' Compensation Programs (OWCP) understands that gathering the necessary evidence requires substantial effort. The attached checklist is designed to help you. Form CA-2 ("Federal Employees' Notice of Occupational Disease and Claim for Compensation"), your statements in response to the checklist, and a report from your treating physician should all be given to your agency Compensation Specialist at the same time. Please return the checklist with your statements. Check off each item as it is completed or let us know when we can expect the information. Your supervisor and the Compensation Specialist will compile the additional information required and forward a complete and organized package to OWCP. If your Agency has no Compensation Specialist or other person designated to forward information to OWCP, give the information directly to your supervisor.

Upon receipt of your claim, OWCP will create a case and assign it to a claims examiner for processing. You will receive a post card advising you of the case number. Use this number on all future correspondence about your claim.

If you are eligible for Civil Service retirement, you may apply for both retirement benefits from the Office of Personnel Management (OPM) and workers' compensation benefits from OWCP. However, in most cases, you cannot receive both benefits for the same period of time.

HINTS: Are your statements legible? Would your statements make sense to someone who has never done your job? Do your statements answer the questions? Are your statements complete and accurate? A NARRATIVE REPORT FROM YOUR PHYSICIAN IS REQUIRED. Reports on medical forms, such as Form CA-20, are rarely adequate in occupational disease cases.

NOTICE TO COMPENSATION SPECIALISTS AND SUPERVISORS

OWCP needs your help to improve the timeliness of adjudication of occupational disease cases. We have developed checklists to help you and the employee submit a claim in an organized and complete manner. The checklists will help the claims examiner identify what information has been submitted and what is still outstanding.

Whenever an employee wants to file a claim for occupational disease or illness, please give him or her:

1. Form CA-2, Federal Employees' Notice of Occupational Disease and Claim for Compensation, and

2. Two copies of the checklist describing evidence required in support of the claim. One checklists is for the employee to mark and return with the completed package. The second checklist is for the employee to take to the physician.

In addition to describing the evidence required from the employee, the checklists describe the information to be submitted by the employing agency. When Form CA-2 and the employee's statements are returned, you are required by instructions on the CA-2 to forward them to OWCP within ten working days. Statements and documents required from the agency should be submitted with the CA-2 whenever possible. Please use the checklist to note what information from the employing agency is enclosed, unavailable or pending. If pending, please give the anticipated mailing date. Agency comments, statements and documentation are essential for the examiner to get a well rounded picture of the employment conditions.

We appreciate your cooperation in this effort.

Evidence Required in Support of a Claim for Work-Related Hearing Loss

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

IF YOU ARE FILING A CLAIM FOR HEARING LOSS, THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	✓
1. List your employment history by employer, job title, and inclusive dates. Include non-Federal employment and military service.	
2. For each job title, describe source of noise, number of hours of exposure per day, and use of any safety devices to protect against noise exposure. State when safety devices were provided.	
3. Give history of any previous ear or hearing problems.	
4. Describe any hobbies which involve exposure to loud noise.	
5. If you are no longer exposed to hazardous noise at work, give the date you were last exposed.	
6. If you have been examined or treated by a doctor for an ear or hearing problem, provide a medical report and audiograms.	
7. State whether a claim for workers' compensation benefits for this or any other condition affecting ears or hearing was ever filed. If so, give date of claim, name and address where filed, and benefits received.	
8. Give the date you first noticed your hearing loss. a. Give date you first related hearing loss to employment, and reason why.	

FROM EMPLOYING AGENCY	✓
9. Review and comment on the employee's statement in response to questions 1–5.	
10. Describe all work-related exposure to hazardous noise, including: a. Locations of job sites. b. Nature of exposure to noise (machinery, etc.) c. Decibel and frequency level (noise survey report) for each job site. d. Period of exposure, hours per day, days per week. e. Type of ear protection provided.	
11. Attach copies of the employee's: a. SF-171, Application for Employment. b. Job sheet and employment record. c. All medical examinations pertaining to hearing or ear problems, including preemployment examination and all audiograms.	
12. If the employee is no longer exposed to hazardous noise, give date of last exposure and the payrate in effect on that date.	

FECA Bulletin No. 85-33 -- Attachment 2

Form CA-35R
August 1985

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

Diseases and illnesses which occur during or after Federal employment are not automatically covered by the Federal Employees' Compensation Act. You must provide factual and medical evidence to establish that conditions of employment caused or aggravated the disease or illness.

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Upon receipt of your claim, OWCP will create a case and assign it to a claims examiner for processing. You will receive a post card advising you of the case number. Use this number on all future correspondence about your claim.

If you are eligible for Civil Service retirement, you may apply for both retirement benefits from the Office of Personnel Management (OPM) and workers' compensation benefits from OWCP. However, in most cases, you cannot receive both benefits for the same period of time.

HINTS: Are your statements legible? Would your statements make sense to someone who has never done your job? Do your statements answer the questions? Are your statements complete and accurate? A NARRATIVE REPORT FROM YOUR PHYSICIAN IS REQUIRED. Reports on medical forms, such as Form CA-20, are rarely adequate in occupational disease cases.

NOTICE TO COMPENSATION SPECIALISTS AND SUPERVISORS

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We appreciate your cooperation in this effort.

Evidence Required in Support of A Claim for Asbestos-Related Illness

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

IF YOU ARE FILING A CLAIM BASED ON EXPOSURE TO ASBESTOS, THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	✓
1. List your employment history by employer, job titles, and inclusive dates. Include non-Federal employment and military service.	
2. For each job title, describe the work you performed, the type of asbestos material used, locations where exposure occurred, period of exposure, number of hours per day and days per week exposed, and the type and frequency of safety precautions (mask, respirator, etc.) used.	
3. Describe any exposure you have had to other toxic substances. If none, state "None."	
4. Describe any breathing or lung problems you have had in the past and treatment received.	
5. Give your smoking history to include amount per day, and years (dates) you have smoked.	
6. Submit a report from your physician, including chest x-ray report, history, physical findings, diagnosis, opinion as to the relationship of the condition to employment, and course of treatment.	
7. Give the date you first consulted a physician regarding respiratory or asbestos-related disease.	
8. Submit reports of examination, treatment or hospitalization for any previous similar condition or pulmonary problem.	

FROM EMPLOYING AGENCY	✓
9. Review and comment on the accuracy of the employee's description of work performed and exposure to asbestos and other substances.	
10. Provide exposure data, including air sample surveys or statements of the type of asbestos exposure, frequency, degree and duration for each job held. Air sample results should be reported in units of fiber/cc time weighted average. Also report concentrations of other pollutants and chemicals.	
11. Give the date employee was last exposed to asbestos at work. If the employee was removed from exposure, give the circumstances.	
12. Attach copies of the employee's: a. SF-171, Application for Employment. b. Position description with physical requirements for last job held. c. Job sheet and employment record. d. Pertinent dispensary records. e. Most recent SF-50, Notification of Personnel Action. f. Laboratory test results and chest X-ray reports on file.	
13. Describe safety regulations and protective devices in use by employee, with period and frequency of use.	

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Form CA-35C
August 1985

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

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Evidence Required in Support of A Claim
for Work-Related Coronary/Vascular Condition

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

IF YOU ARE FILING A CLAIM FOR CORONARY OR VASCULAR CONDITIONS (for example: heart attack, stroke, hypertension), **THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.**

FROM EMPLOYEE	✓
1. Give a detailed description of the factors of your employment you believe responsible for your condition. Identify dates, periods, events, people involved, etc.	
2. If you are claiming compensation for a heart attack or stroke, provide a specific account of your activities on and off duty for one week prior to the attack, with emphasis on the twenty-four hours immediately preceding the attack.	
3. If you have a prior history of heart problems, provide a description of your condition and copies of medical records of treatment.	
4. Give your smoking history to include amounts and years (dates) you smoked.	
5. Provide a medical report from your physician which includes: a. Dates of examination and treatment. b. History given by you. c. Family history and other risk factors. d. Detailed description of findings. e. Copies of all diagnostic test results. f. Diagnosis. g. The clinical course of treatment followed. h. Doctor's opinion, with reasons for such opinion, as to the relationship between any condition you may now have and the factors of employment identified in Item no. 1 above.	

FROM EMPLOYING AGENCY	✓
6. Review and comment on the employee's statements in response to questions 1–5.	
7. Describe in detail the duties of the employee and the manner in which the duties were performed. If the work was different or more stressful than that performed by other employees, this should be explained.	
8. Document any personnel actions described in the employee's statement, such as changes in assignment, grievances filed by the employee, and other adverse personnel actions.	
9. Give the number of hours worked per day, days per week and the extent of overtime duty worked.	
10. Provide a day-by-day listing of leave and leave without pay used due to this condition.	
11. Attach copies of the employee's: a. SF-171, Application for Employment. b. Position description with physical requirements. c. Preemployment medical examination. d. All other pertinent medical reports available. e. Most recent SF-50, Notification of Personnel Action.	

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

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2. Two copies of the checklist describing evidence required in support of the claim. One checklists is for the employee to mark and return with the completed package. The second checklist is for the employee to take to the physician.

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Evidence Required in Support of a Claim for Work-Related Skin Disease

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

IF YOU ARE FILING A CLAIM FOR A SKIN CONDITION, THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	✓
1. Give a detailed description of employment factors you believe responsible for your condition, to include: a. Specific type of exposure. b. Frequency and duration of exposure. c. Protective equipment used to guard against exposure.	
2. Describe any exposure to skin irritants outside the work environment, including the type, duration and frequency of exposure.	
3. Describe any previous skin conditions from the time they began through the present.	
4. Provide treatment records from any physicians who have provided treatment for any skin conditions.	
5. Attach or forward a medical report from your current physician to include: a. History of exposure. b. Findings. c. Diagnosis. d. Details of treatment. e. Explanation of the relationship between the findings and exposure history listed in Item no. 1 above. f. Discussion of temporary vs. permanent effect from work exposure. g. Work restrictions caused by the condition.	

FROM EMPLOYING AGENCY	✓
6. Review and comment on the employee's statements provided in response to questions 1–5. Comment on the exposure claimed, providing any available information about the trade name and/or chemical content of the suspected irritants.	
7. Provide a day-by-day listing of leave and leave without pay used due to this condition.	
8. Attach copies of the employee's: a. SF-171, Application for Employment. b. Position description with physical requirements. c. Pertinent dispensary records. d. Copies of all physical examinations on file. e. Most recent SF-50, Notification of Personnel Action.	

Form CA-35E
August 1985

FECA Bulletin No. 85-33 -- Attachment 5

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

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Evidence Required in Support of a Claim for Work-Related Pulmonary Illness (not asbestosis)

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

IF YOU ARE FILING A CLAIM FOR A PULMONARY CONDITION NOT RELATED TO EXPOSURE TO ASBESTOS, THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	✓
1. Describe the work conditions which caused or aggravated your pulmonary condition; include types of irritants, dates of exposure and hours per day. Describe any safety measures taken.	
2. Explain the development of the present pulmonary condition and treatment from its beginning.	
3. Give your smoking history to include amounts and years (dates) you smoked.	
4. Give the history of previous pulmonary conditions: include dates and nature of illness, and treatment records from all physicians and hospitals where you were treated.	
5. Attach or forward a medical report which includes the following items: a. Dates of examination and treatment. b. History given by you. c. Detailed description of findings. d. Results of all diagnostic tests. e. Diagnosis. f. The clinical course of treatment followed. g. Doctor's opinion, with reasons for such opinion, as to the relationship between any condition you may have and factors of employment listed in Item no. 1.	

FROM EMPLOYING AGENCY	✓
6. Review and comment on the employee's statements provided in response to questions 1–5. Give periods, degree and nature of exposure. Explain safety precautions. Give full details of any tests which were made to determine the concentration of irritants. Have other employees been similarily affected?	
7. Provide a day-by-day listing of leave and leave without pay used due to this condition.	
8. Attach copies of the employee's: a. SF-171, Application for Employment. b. Position description with physical requirements. c. Preemployment medical examination and any other pertinent medical records. d. Most recent SF-50, Notification of Personnel Action.	

FECA Bulletin No. 85-33 -- Attachment 6

Form CA-35-F
August 1985

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Evidence Required in Support of a Claim for Work-Related Psychiatric Illness

U.S. Department of Labor
Employment Standards Administration
Office Workers' Compensation Programs

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FROM EMPLOYEE	✓
1. Give a detailed chronological description of the particular employment factors which you believe caused your condition. Please identify dates, periods, events, people involved, etc.	
2. Describe the progress and development of the work-related condition from its beginning.	
3. Have you previously suffered from this or a similar condition? If so, give details of symptoms, disability and treatment records from all physicians and hospitals where you were treated.	
4. Give a brief description of your personal activities, hobbies, and any other employment.	
5. Describe changes or other sources of stress in your personal life occurring in the same time frame.	
6. Attach or forward a medical report as described on the reverse.	

FROM EMPLOYING AGENCY	✓
7. Review and comment on the employee's statements provided in response to questions 1–5. Submit statements from witnesses, if appropriate.	
8. Provide a detailed statement describing the duties of the employee and the manner in which the duties were performed. If the work was different or more stressful than that performed by other employees, this should be explained.	
9. Document any personnel actions described in the employee's statement, such as changes in assignment, grievances filed by the employee, and other adverse personnel actions.	
10. Give the number of hours worked per day, days per week and the extent of overtime duty worked.	
11. Provide a day-by-day listing of leave and leave without pay used due to this condition.	
12. Attach copies of the employee's: a. SF-171, Application for Employment. b. Position description with physical requirements. c. Preemployment medical examination. d. All other pertinent medical reports available. e. Most recent SF-50, Notification of Personnel Action.	

MEDICAL REPORT FOR PSYCHIATRIC CLAIM

You should submit a medical report from your physician which includes:

a. History of onset of illness.

b. Social and family history.

c. Detailed description of your work situation and identification of the specific work factors contributing to your emotional or psychiatric condition.

d. Review of any non-industrial stress situations.

e. Mental status examination, with pertinent findings.

f. Results of psychological and personality testing.

g. Diagnosis according to DSM III.

h. Clinical course of treatment followed.

i. Prognosis with estimate of when you will be able to return to work.

j. Physician's opinion, with reasons for such opinion, as to whether, how and which factors of your employment caused, aggravated, precipitated, or accelerated your disability.

k. An assessment of your current condition, with specific details on how you can or cannot function in daily activities, including a discussion of any limitations you may have in your ability to give or take supervision, cooperate with others, work under deadlines, or any other pertinent factors which may affect your work capacity.

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

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Evidence Required in Support of A Claim for Occupational Disease

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

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FROM EMPLOYEE	✓
1. Give a detailed description of factors of employment believed responsible for condition. Be specific as to the duration and nature of the factors: for instance weights carried, distances walked, chemicals used, or other relevant job factors.	
2. Give the history of the condition from first awareness of the problem. Include description of all home treatment and professional care as well as symptoms.	
3. Describe any prior similar problem, with dates of onset, history, medical care received, and copies of the medical records of your treatment.	
4. Attach or forward a medical report from your physician to include the following items: a. Dates of examination and treatment. b. History given by you. c. Detailed description of findings. d. Results of all diagnostic tests. e. Diagnosis. f. The clinical course of treatment followed. g. Doctor's opinion, with reasons for such opinion, as to the relationship between any condition you may now have and the factors of employment identified in Item no. 1 above.	

FROM EMPLOYING AGENCY	✓
5. Review and comment on employee's statement provided in response to Item no. 1.	
6. If employee's job differs from official description, describe exactly his/her duties.	
7. Give a day-by-day listing of leave and leave without pay used due to this condition.	
8. Attach copies of the employee's: a. SF-171, Application for Employment. b. Position description with physical requirements. c. Pertinent dispensary records. d. Most recent SF-50, Notification of Personnel Action.	

FECA Bulletin No. 85-33 -- Attachment 1

Form CA-35A

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

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If you are eligible for Civil Service retirement, you may apply for both retirement benefits from the Office of Personnel Management (OPM) and workers' compensation benefits from OWCP. However, in most cases, you cannot receive both benefits for the same period of time.

HINTS: Are your statements legible? Would your statements make sense to someone who has never done your job? Do your statements answer the questions? Are your statements complete and accurate? A NARRATIVE REPORT FROM YOUR PHYSICIAN IS REQUIRED. Reports on medical forms, such as Form CA-20, are rarely adequate in occupational disease cases.

NOTICE TO COMPENSATION SPECIALISTS AND SUPERVISORS

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Whenever an employee wants to file a claim for occupational disease or illness, please give him or her:

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2. Two copies of the checklist describing evidence required in support of the claim. One checklists is for the employee to mark and return with the completed package. The second checklist is for the employee to take to the physician.

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We appreciate your cooperation in this effort.

Evidence Required in Support of a Claim for Work-Related Hearing Loss

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

IF YOU ARE FILING A CLAIM FOR HEARING LOSS, THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	✓
1. List your employment history by employer, job title, and inclusive dates. Include non-Federal employment and military service.	
2. For each job title, describe source of noise, number of hours of exposure per day, and use of any safety devices to protect against noise exposure. State when safety devices were provided.	
3. Give history of any previous ear or hearing problems.	
4. Describe any hobbies which involve exposure to loud noise.	
5. If you are no longer exposed to hazardous noise at work, give the date you were last exposed.	
6. If you have been examined or treated by a doctor for an ear or hearing problem, provide a medical report and audiograms.	
7. State whether a claim for workers' compensation benefits for this or any other condition affecting ears or hearing was ever filed. If so, give date of claim, name and address where filed, and benefits received.	
8. Give the date you first noticed your hearing loss. a. Give date you first related hearing loss to employment, and reason why.	

FROM EMPLOYING AGENCY	✓
9. Review and comment on the employee's statement in response to questions 1–5.	
10. Describe all work-related exposure to hazardous noise, including: a. Locations of job sites. b. Nature of exposure to noise (machinery, etc.) c. Decibel and frequency level (noise survey report) for each job site. d. Period of exposure, hours per day, days per week. e. Type of ear protection provided.	
11. Attach copies of the employee's: a. SF-171, Application for Employment. b. Job sheet and employment record. c. All medical examinations pertaining to hearing or ear problems, including preemployment examination and all audiograms.	
12. If the employee is no longer exposed to hazardous noise, give date of last exposure and the payrate in effect on that date.	

FECA Bulletin No. 85-33 -- Attachment 2

Form CA-35R
August 1985

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

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The Office of Workers' Compensation Programs (OWCP) understands that gathering the necessary evidence requires substantial effort. The attached checklist is designed to help you. Form CA-2 ("Federal Employees' Notice of Occupational Disease and Claim for Compensation"), your statements in response to the checklist, and a report from your treating physician should all be given to your agency Compensation Specialist at the same time. Please return the checklist with your statements. Check off each item as it is completed or let us know when we can expect the information. Your supervisor and the Compensation Specialist will compile the additional information required and forward a complete and organized package to OWCP. If your Agency has no Compensation Specialist or other person designated to forward information to OWCP, give the information directly to your supervisor.

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HINTS: Are your statements legible? Would your statements make sense to someone who has never done your job? Do your statements answer the questions? Are your statements complete and accurate? A NARRATIVE REPORT FROM YOUR PHYSICIAN IS REQUIRED. Reports on medical forms, such as Form CA-20, are rarely adequate in occupational disease cases.

NOTICE TO COMPENSATION SPECIALISTS AND SUPERVISORS

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1. Form CA-2, Federal Employees' Notice of Occupational Disease and Claim for Compensation, and

2. Two copies of the checklist describing evidence required in support of the claim. One checklists is for the employee to mark and return with the completed package. The second checklist is for the employee to take to the physician.

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Evidence Required in Support of A Claim for Asbestos-Related Illness

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

IF YOU ARE FILING A CLAIM BASED ON EXPOSURE TO ASBESTOS, THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	✓
1. List your employment history by employer, job titles, and inclusive dates. Include non-Federal employment and military service.	
2. For each job title, describe the work you performed, the type of asbestos material used, locations where exposure occurred, period of exposure, number of hours per day and days per week exposed, and the type and frequency of safety precautions (mask, respirator, etc.) used.	
3. Describe any exposure you have had to other toxic substances. If none, state "None."	
4. Describe any breathing or lung problems you have had in the past and treatment received.	
5. Give your smoking history to include amount per day, and years (dates) you have smoked.	
6. Submit a report from your physician, including chest x-ray report, history, physical findings, diagnosis, opinion as to the relationship of the condition to employment, and course of treatment.	
7. Give the date you first consulted a physician regarding respiratory or asbestos-related disease.	
8. Submit reports of examination, treatment or hospitalization for any previous similar condition or pulmonary problem.	

FROM EMPLOYING AGENCY	✓
9. Review and comment on the accuracy of the employee's description of work performed and exposure to asbestos and other substances.	
10. Provide exposure data, including air sample surveys or statements of the type of asbestos exposure, frequency, degree and duration for each job held. Air sample results should be reported in units of fiber/cc time weighted average. Also report concentrations of other pollutants and chemicals.	
11. Give the date employee was last exposed to asbestos at work. If the employee was removed from exposure, give the circumstances.	
12. Attach copies of the employee's: a. SF-171, Application for Employment. b. Position description with physical requirements for last job held. c. Job sheet and employment record. d. Pertinent dispensary records. e. Most recent SF-50, Notification of Personnel Action. f. Laboratory test results and chest X-ray reports on file.	
13. Describe safety regulations and protective devices in use by employee, with period and frequency of use.	

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Form CA-35C
August 1985

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

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HINTS: Are your statements legible? Would your statements make sense to someone who has never done your job? Do your statements answer the questions? Are your statements complete and accurate? A NARRATIVE REPORT FROM YOUR PHYSICIAN IS REQUIRED. Reports on medical forms, such as Form CA-20, are rarely adequate in occupational disease cases.

NOTICE TO COMPENSATION SPECIALISTS AND SUPERVISORS

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1. Form CA-2, Federal Employees' Notice of Occupational Disease and Claim for Compensation, and

2. Two copies of the checklist describing evidence required in support of the claim. One checklists is for the employee to mark and return with the completed package. The second checklist is for the employee to take to the physician.

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Evidence Required in Support of A Claim
for Work-Related Coronary/Vascular Condition

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

IF YOU ARE FILING A CLAIM FOR CORONARY OR VASCULAR CONDITIONS (for example: heart attack, stroke, hypertension), THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	✓
1. Give a detailed description of the factors of your employment you believe responsible for your condition. Identify dates, periods, events, people involved, etc.	
2. If you are claiming compensation for a heart attack or stroke, provide a specific account of your activities on and off duty for one week prior to the attack, with emphasis on the twenty-four hours immediately preceding the attack.	
3. If you have a prior history of heart problems, provide a description of your condition and copies of medical records of treatment.	
4. Give your smoking history to include amounts and years (dates) you smoked.	
5. Provide a medical report from your physician which includes: a. Dates of examination and treatment. b. History given by you. c. Family history and other risk factors. d. Detailed description of findings. e. Copies of all diagnostic test results. f. Diagnosis. g. The clinical course of treatment followed. h. Doctor's opinion, with reasons for such opinion, as to the relationship between any condition you may now have and the factors of employment identified in Item no. 1 above.	

FROM EMPLOYING AGENCY	✓
6. Review and comment on the employee's statements in response to questions 1–5.	
7. Describe in detail the duties of the employee and the manner in which the duties were performed. If the work was different or more stressful than that performed by other employees, this should be explained.	
8. Document any personnel actions described in the employee's statement, such as changes in assignment, grievances filed by the employee, and other adverse personnel actions.	
9. Give the number of hours worked per day, days per week and the extent of overtime duty worked.	
10. Provide a day-by-day listing of leave and leave without pay used due to this condition.	
11. Attach copies of the employee's: a. SF-171, Application for Employment. b. Position description with physical requirements. c. Preemployment medical examination. d. All other pertinent medical reports available. e. Most recent SF-50, Notification of Personnel Action.	

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

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2. Two copies of the checklist describing evidence required in support of the claim. One checklists is for the employee to mark and return with the completed package. The second checklist is for the employee to take to the physician.

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Evidence Required in Support of a Claim for Work-Related Skin Disease

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

IF YOU ARE FILING A CLAIM FOR A SKIN CONDITION, THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	✓
1. Give a detailed description of employment factors you believe responsible for your condition, to include: a. Specific type of exposure. b. Frequency and duration of exposure. c. Protective equipment used to guard against exposure.	
2. Describe any exposure to skin irritants outside the work environment, including the type, duration and frequency of exposure.	
3. Describe any previous skin conditions from the time they began through the present.	
4. Provide treatment records from any physicians who have provided treatment for any skin conditions.	
5. Attach or forward a medical report from your current physician to include: a. History of exposure. b. Findings. c. Diagnosis. d. Details of treatment. e. Explanation of the relationship between the findings and exposure history listed in Item no. 1 above. f. Discussion of temporary vs. permanent effect from work exposure. g. Work restrictions caused by the condition.	

FROM EMPLOYING AGENCY	✓
6. Review and comment on the employee's statements provided in response to questions 1–5. Comment on the exposure claimed, providing any available information about the trade name and/or chemical content of the suspected irritants.	
7. Provide a day-by-day listing of leave and leave without pay used due to this condition.	
8. Attach copies of the employee's: a. SF-171, Application for Employment. b. Position description with physical requirements. c. Pertinent dispensary records. d. Copies of all physical examinations on file. e. Most recent SF-50, Notification of Personnel Action.	

Form CA-35E
August 1985

FECA Bulletin No. 85-33 -- Attachment 5

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

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2. Two copies of the checklist describing evidence required in support of the claim. One checklists is for the employee to mark and return with the completed package. The second checklist is for the employee to take to the physician.

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Evidence Required in Support of a Claim for
Work-Related Pulmonary Illness (not asbestosis)

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

IF YOU ARE FILING A CLAIM FOR A PULMONARY CONDITION NOT RELATED TO EXPOSURE TO ASBESTOS, THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	✓
1. Describe the work conditions which caused or aggravated your pulmonary condition; include types of irritants, dates of exposure and hours per day. Describe any safety measures taken.	
2. Explain the development of the present pulmonary condition and treatment from its beginning.	
3. Give your smoking history to include amounts and years (dates) you smoked.	
4. Give the history of previous pulmonary conditions: include dates and nature of illness, and treatment records from all physicians and hospitals where you were treated.	
5. Attach or forward a medical report which includes the following items: a. Dates of examination and treatment. b. History given by you. c. Detailed description of findings. d. Results of all diagnostic tests. e. Diagnosis. f. The clinical course of treatment followed. g. Doctor's opinion, with reasons for such opinion, as to the relationship between any condition you may have and factors of employment listed in Item no. 1.	

FROM EMPLOYING AGENCY	✓
6. Review and comment on the employee's statements provided in response to questions 1–5. Give periods, degree and nature of exposure. Explain safety precautions. Give full details of any tests which were made to determine the concentration of irritants. Have other employees been similarily affected?	
7. Provide a day-by-day listing of leave and leave without pay used due to this condition.	
8. Attach copies of the employee's: a. SF-171, Application for Employment. b. Position description with physical requirements. c. Preemployment medical examination and any other pertinent medical records. d. Most recent SF-50, Notification of Personnel Action.	

FECA Bulletin No. 85-33 -- Attachment 6

Form CA-35-F
August 1985

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

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1. Form CA-2, Federal Employees' Notice of Occupational Disease and Claim for Compensation, and

2. Two copies of the checklist describing evidence required in support of the claim. One checklists is for the employee to mark and return with the completed package. The second checklist is for the employee to take to the physician.

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Evidence Required in Support of a Claim for Work-Related Psychiatric Illness

U.S. Department of Labor
Employment Standards Administration
Office Workers' Compensation Programs

IF YOU ARE FILING A CLAIM FOR A PSYCHIATRIC CONDITION, THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	✓
1. Give a detailed chronological description of the particular employment factors which you believe caused your condition. Please identify dates, periods, events, people involved, etc.	
2. Describe the progress and development of the work-related condition from its beginning.	
3. Have you previously suffered from this or a similar condition? If so, give details of symptoms, disability and treatment records from all physicians and hospitals where you were treated.	
4. Give a brief description of your personal activities, hobbies, and any other employment.	
5. Describe changes or other sources of stress in your personal life occurring in the same time frame.	
6. Attach or forward a medical report as described on the reverse.	

FROM EMPLOYING AGENCY	✓
7. Review and comment on the employee's statements provided in response to questions 1–5. Submit statements from witnesses, if appropriate.	
8. Provide a detailed statement describing the duties of the employee and the manner in which the duties were performed. If the work was different or more stressful than that performed by other employees, this should be explained.	
9. Document any personnel actions described in the employee's statement, such as changes in assignment, grievances filed by the employee, and other adverse personnel actions.	
10. Give the number of hours worked per day, days per week and the extent of overtime duty worked.	
11. Provide a day-by-day listing of leave and leave without pay used due to this condition.	
12. Attach copies of the employee's: a. SF-171, Application for Employment. b. Position description with physical requirements. c. Preemployment medical examination. d. All other pertinent medical reports available. e. Most recent SF-50, Notification of Personnel Action.	

FECA Bulletin No. 85-33 -- Attachment 7

Form CA-35G
August 1985

MEDICAL REPORT FOR PSYCHIATRIC CLAIM

You should submit a medical report from your physician which includes:

a. History of onset of illness.

b. Social and family history.

c. Detailed description of your work situation and identification of the specific work factors contributing to your emotional or psychiatric condition.

d. Review of any non-industrial stress situations.

e. Mental status examination, with pertinent findings.

f. Results of psychological and personality testing.

g. Diagnosis according to DSM III.

h. Clinical course of treatment followed.

i. Prognosis with estimate of when you will be able to return to work.

j. Physician's opinion, with reasons for such opinion, as to whether, how and which factors of your employment caused, aggravated, precipitated, or accelerated your disability.

k. An assessment of your current condition, with specific details on how you can or cannot function in daily activities, including a discussion of any limitations you may have in your ability to give or take supervision, cooperate with others, work under deadlines, or any other pertinent factors which may affect your work capacity.

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

Diseases and illnesses which occur during or after Federal employment are not automatically covered by the Federal Employees' Compensation Act. You must provide factual and medical evidence to establish that conditions of employment caused or aggravated the disease or illness.

The Office of Workers' Compensation Programs (OWCP) understands that gathering the necessary evidence requires substantial effort. The attached checklist is designed to help you. Form CA-2 ("Federal Employees' Notice of Occupational Disease and Claim for Compensation"), your statements in response to the checklist, and a report from your treating physician should all be given to your agency Compensation Specialist at the same time. Please return the checklist with your statements. Check off each item as it is completed or let us know when we can expect the information. Your supervisor and the Compensation Specialist will compile the additional information required and forward a complete and organized package to OWCP. If your Agency has no Compensation Specialist or other person designated to forward information to OWCP, give the information directly to your supervisor.

Upon receipt of your claim, OWCP will create a case and assign it to a claims examiner for processing. You will receive a post card advising you of the case number. Use this number on all future correspondence about your claim.

If you are eligible for Civil Service retirement, you may apply for both retirement benefits from the Office of Personnel Management (OPM) and workers' compensation benefits from OWCP. However, in most cases, you cannot receive both benefits for the same period of time.

HINTS: Are your statements legible? Would your statements make sense to someone who has never done your job? Do your statements answer the questions? Are your statements complete and accurate? A NARRATIVE REPORT FROM YOUR PHYSICIAN IS REQUIRED. Reports on medical forms, such as Form CA-20, are rarely adequate in occupational disease cases.

NOTICE TO COMPENSATION SPECIALISTS AND SUPERVISORS

OWCP needs your help to improve the timeliness of adjudication of occupational disease cases. We have developed checklists to help you and the employee submit a claim in an organized and complete manner. The checklists will help the claims examiner identify what information has been submitted and what is still outstanding.

Whenever an employee wants to file a claim for occupational disease or illness, please give him or her:

1. Form CA-2, Federal Employees' Notice of Occupational Disease and Claim for Compensation, and
2. Two copies of the checklist describing evidence required in support of the claim. One checklists is for the employee to mark and return with the completed package. The second checklist is for the employee to take to the physician.

In addition to describing the evidence required from the employee, the checklists describe the information to be submitted by the employing agency. When Form CA-2 and the employee's statements are returned, you are required by instructions on the CA-2 to forward them to OWCP within ten working days. Statements and documents required from the agency should be submitted with the CA-2 whenever possible. Please use the checklist to note what information from the employing agency is enclosed, unavailable or pending. If pending, please give the anticipated mailing date. Agency comments, statements and documentation are essential for the examiner to get a well rounded picture of the employment conditions.

We appreciate your cooperation in this effort.

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